RHODE ISLAND

Title IV-B Child and Family Service
5 year State Plan -- 2010 - 2014

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Patricia Martinez
Director

June 2009

TABLE OF CONTENTS

Rhode Island

TITLE IV-B CHILD AND FAMILY SERVICE PLAN
Five Year Plan – 2010-2014

Introduction –

The Rhode Island Department of Children, Youth and Families has combined responsibility for child welfare, juvenile corrections and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the *"principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children,"* (RIGL 42-72-5).

The agency is guided by strong vision and mission statements that were crafted by a cross-section of the Department's staff:

> **Vision** – *As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment.*
>
> **Mission** – *It is the mission of DCYF to assist families with their primary responsibility to raise their children to become productive members of society. We recognize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government.*

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children's behavioral health and education, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF quite well for working in concert with other state departments, community-based agencies and family representatives to continuously develop and improve strategies through the Title IV-B Child and Family Service Plan that address fundamental needs of children and families. Responsibility for the Title IV-B Child and Family Service Plan is within the Director's Office in the Division of Management and Budget.

During the implementation of the 2005-2009 five year plan, there was a marked change in the volume of families requiring DCYF intervention. In the following table, data as of December 31 for the past three years represent a steady decline in active caseloads and in the number of children in substitute care.

Active Caseloads – Number of Children			
As of December 31	**2006**	**2007**	**2008**
# Active Caseloads	9,414	8,843	8,203
# Children in Substitute Care	3,311	3,042	2,654
# Children at Home	3,418	3,138	2,824

At the same time, the number of children able to be maintained in their own homes under DCYF supervision was greater than the number of children placed in foster care in each year. These trend lines represent steady progress for the Department, as throughout this period there was ongoing preparation with staff and the provider community toward greater emphasis on home and community-based services. Much of this emphasis was focused on the front-end of the Department's service system – helping child protection investigators to work more diligently with families and community providers to avert families from being opened to the DCYF wherever possible and appropriate.

LARGER SYSTEM ENHANCEMENTS –

The Department of Children, Youth and Families is now one of four state departments serving children and families under the umbrella of the Executive Office of Health and Human Services (EOHHS). The EOHHS was statutorily created in the 2006 legislative session.

The EOHHS is now comprised of the Departments of Children, Youth and Families; Human Services; Mental Health, Retardation and Hospitals; and Elderly Affairs. During State Fiscal Year 2009, the State received authorization from the Center of Medicare and Medicaid Services (CMS) to implement a Consumer Choice Global Medicaid Waiver which is designed to consolidate all of the State's Medicaid funded services under the broad reach of the global waiver to ensure a community-based system of care that will greatly reduce reliance on residential treatment or other long-term institutional care – with the intent to provide more flexibility in the delivery of home and community-based services. The EOHHS has responsibility for coordinating administration and financing of Medicaid benefits across the four departments.

The agencies are currently focusing on the necessary tasks to prepare for implementation through various work groups that are identifying and designing data systems changes and work flow strategies that are needed to meet various data tracking requirements and match service needs to the populations.

As part of this overall system transformation, the Department is continuing its efforts to fully redesign its Integrated System of Care through a two-pronged approach: 1) the establishment of Family Care Community Partnerships (FCCPs) to address the front-end needs of the child welfare and children's behavioral health systems; and, 2) a redesign of residential

services to provide a managed system of care for the 2% to 5% of youth with the most complex needs. This approach will develop care plans designed to reduce the length of stay in residential programs through greater emphasis on Wraparound values and principles, and community-based family support.

The primary focus of the FCCPs is to avert children and families from becoming involved with DCYF, where possible and feasible, through family preservation and family support programming and services. The FCCPs began operation on January 1, 2009. Now, with the transition process largely completed, they are beginning full implementation.

The redesign of the residential programs, Phase II, is still in development. A concept paper has been prepared and is currently being disseminated for additional consideration and feedback among social work staff in the Family Service Units and Probation and Training School staff in the Juvenile Corrections Division. This Phase II of the System of Care will look at improving the matching capability for children entering foster care to assure placement with appropriately skilled foster homes at varying levels of intensity, including residential treatment. This redesign will also look at reducing reliance on residential treatment facilities by promoting stronger emphasis on developing and enhancing capacity within the communities for family wraparound supports that can maintain children within their own homes.

SYSTEM DATA SUPPORTS

The Department's Statewide Automated Child Welfare Information System (SACWIS), which is known as Rhode Island Children's Information System (RICHIST), contains all of the functionality required by federal regulations, which includes case management, staff management, financial management, provider management and policy and procedure management functions. It establishes an electronic case record, eliminating considerable paperwork. Continuous quality improvement with the RICHIST system has made this database a valuable resource for line staff to easily access information and identify the type of services that families need. This information includes child and family demographics, child welfare status, service plan goals, and child placement information, as well as legal, medical and educational information.

Ongoing enhancements with RICHIST as reported in the SACWIS Assessment Review Report (SARR) have allowed for data exchanges through the Common Data Interface for Title IV-A, IV-D and Title XIX related service needs. The Title IV-E automated eligibility module has also now been implemented. Each of these data interface functions helps to position the Department more effectively for inter-departmental coordination of child and family services.

RICHIST enhancements have also been made specifically relating to the Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review which focuses on technical and reporting population requirements and data elements. The report period under review for the AFCARS Improvement Plan is from April 1, 2002 to September 30, 2002. The AFCARS Assessment Review provides a similar function as the Child and Family Service Review in that a Federal/State Team reviews the data elements and technical capacity of the agency's ability to collect and report data requirements relating to children in foster care and children being adopted. The Department has completed all but two of the necessary modifications.

Unfortunately, the outstanding items require substantial modifications to several RICHIST modules, particularly in relation to the item for Date of Discharge from foster care (#56). Delays in being able to complete this modification were largely due to other competing priorities, among which were enhancements required as a result of the Department's 2005 Program Improvement Plan and substantive changes in the claiming mechanism to accommodate National Provider Identification (NPI) numbers. The projected timeframes for full compliance with the AFCARS Improvement Plan is now July 2009.

AFCARS Assessment Review: Foster Care Data Elements Improvement Plan
Report Period Under Review: April 1, 2002 – September 30, 2002 (2002B)

AFCARS Element	Factor 1,2,3,4	Finding	Task	Estimated/ Completed Date
#20 – Date Child was Discharged from last foster care episode (if applicable).	3	See findings in element #56. When workers select a "close placement reason" they are to indicate whether this is a closure of all removals. Workers may not be selecting the box that indicates that this is a discharge from the removal episode. This will affect the accuracy for foster care element #20.	Develop and implement a method to ensure workers select the "discharge" box. Provide information to ACF.	Estimated: July 2009
#56 – Date of Discharge from foster care.	2	When a "close placement reason" is selected a pop-up question appears asking if this is a closure of all removals. If so, worker must enter a discharge reason. Workers may not be selecting the box that indicates that this is a discharge from the removal episode.	State needs to add training and supervisory oversight to this area. Caseworkers must not enter the date a child is returned home while he/she is under the responsibility of the agency for care, placement or supervision. See the findings in the General Requirements Section.	Estimated: July 2009

- Factor ratings: refers to level of compliance with AFCARS Standards
- A rating of 1 represents that Standard is not met. A rating of 4 represents that Standard is fully met.

++++++++++++++++

CHILD WELFARE CONTEXT DATA

The Department provides statistical reports to the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) through two important data collection sources: the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). These two reporting sources compile data from child welfare agencies across the country to identify trends on performance – both, nationally, and state by state.

Rhode Island's Child Welfare Context Data profiles the general population as it relates to children under the age of 18, and the number of children/youth who were involved with DCYF as a result of investigations in which maltreatment was indicated. These data offer the Department an opportunity to track its performance quantitatively with respect to trends impacting the number, age and race/ethnicity of children/youth involved in investigations where there is an indication of maltreatment, and the number of cases opening to the Department as a result. The DCYF's Data Analytic Center (DAC) through The Consultation Center at Yale University is able to provide the Department with a representation of its data profile using the federal methodology. The information presented here from the DAC is based on NCANDS and AFCARS data submitted to ACF for FFY 2008.

A. Key Context Statistics

RI General Child Population	**DCYF Child Population Demographics**		
Total children under 18 years	235,990*	Victims of Child Abuse and/or Neglect	3,097†
Race/ethnicity (%)		**Type of Abuse:**	**By Age:**
Alaska Native/American Indian	.6%	Neglect – 89.1%	Under 1 – 15.3%
Asian/Pacific Islander	3.1%	Physical – 13.7%	1-5 Yrs. – 34.3%
Black/African American	7.2%	Sex – 5.7%	6-10 Yrs. – 26.8%
Hispanic	17.6%	Medical Neglect – 1.9%	11 and older – 23.6%
White	74.5%	Emotional – .2%	
%Child population in poverty	17.1%•	Other – 1.3%	

✶ Rhode Island Child Population, U.S. Bureau of Census, Current Population Survey 2007
† Source: 2008 Report prepared by DCYF's Data Analytic Center at Yale University

The following series of tables represent the Department's experience over the past five years from data reported to ACF and the Data Analytic Center at Yale University. In its *Child Maltreatment Report*, the Children's Bureau defines a child victim as a child who is the subject of a substantiated/indicated maltreatment report. It is pointed out that children with more than one report of substantiated/indicated maltreatment may be counted more than once in the data reports. As noted in the following tables, the rates of maltreatment have also fluctuated based on the shifts in population; however, the average number of child maltreatment victims annually is about 3,500.

B. Child Maltreatment Data (NCANDS Data File)

Maltreatment Information Overview	2004	2005	2006	2007	2008
Children subject of an investigated report alleging child maltreatment	9,920	10,734	12,996	11,922*	9,918*
Child maltreatment victims†	3,068	3,366	4,400	3,905	3,097
Child fatalities	3	5	0	0	0

† Children with more than one report of indicated maltreatment may be counted more than once.
∗ 2008 Child Welfare Outcomes Report prepared by DCYF's Data Analytic Center at Yale University

Maltreatment Information - Rate	2004	2005	2006	2007	2008
Children subject of an investigated report alleging child maltreatment	40.4 per 1,000	44.4 per 1,000	54.7 per 1,000	50.5 per 1,000	42 per 1,000
Child maltreatment victims	12.5 per 1,000	13.9 per 1,000	18.5 per 1,000	16.5 per 1,000	13.1 per 1,000
Child fatalities of maltreatment victims	1.2 per 100,000	2.1 per 100,000	0.0 per 100,000	0.0 per 100,000	0.0 per 100,000

Looking at the age breakdown in the following table, there seems to be little variation in the percentages as they're represented; however, over the past three years, we've seen a steady increase in the number of cases involving infants indicated for maltreatment under one year of age. In 2008, there was also a notable increase in the number of children between 1 and 5 years of age coming to the Department's attention.

Age of Victims (%)[1]	2005	2006	2007	2008
Under 1	12.5	12.0	13.7	15.3
1-5 years	30.2	32.3	31.6	34.3
6-10 years	26.0	26.8	25.4	26.8
11-15 years	23.7	22.1	23.5	18.3
16+ years	7.2	6.7	5.8	5.3
Unknown	0.4	0.1	0.0	0.0
Total %	100	100	100	100
Number	**3,366**	**4,400**	**3,905**	**3,097**
Race/Ethnicity of Child Victims (%)	**2005**	**2006**	**2007**	**2008**
Alaska Native/Amer. Indian	0.7	0.6	0.5	0.4
Asian/Pacific Islander	1.7	1.5	1.9	.8
Black (non-Hispanic)	11.6	12.3	11.4	12.1
Hispanic (of any Race)	21.6	21.0	24.2	22.1
White (non-Hispanic)	55.9	55.5	52.3	52.9
Two or more races	3.7	4.8	4.6	6.4
Unknown	4.8	4.3	5.1	5.3
Total %[2]	100	100	100	100
Number	**3,366**	**4,400**	**3,905**	**3,097**

[1] DCYF Child Welfare Outcomes Annual Report for FY 2008. Prepared by The Consultation Center, Yale University for DCYF's Data Analytic Center.
[2] Percentages may total more than 100 percent because Hispanics may be counted both by Hispanic ethnicity and by race.

Maltreatment Type of Child Victims (%)	2005	2006	2007	2008
Emotional Abuse	0.3	0.1	0.1	0.2
Medical Neglect	2.5	1.5	2.5	1.9
Neglect	82.9	85.7	90.0	89.1
Physical Abuse	14.2	12.5	12.9	13.7
Sexual Abuse	5.0	5.7	6.5	5.7
Other	2.4	1.0	1.4	1.3
Unknown	0	0	0	0
Total %[3]	107.3	106.5	113.4	111.9
Number	**3,366**	**4,400**	**3,905**	**3,097**

++++++++++++++++

NATIONAL CHILD WELFARE OUTCOME MEASURES

The DCYF has one of the strongest child protection systems in the country with response times for investigations ranging from as immediate as 10 minutes to within 24 hours, but all of the investigations that are conducted are initiated within 24 hours.

Through a contract with Yale University's Consultation Center in New Haven, Connecticut, DCYF has established the Rhode Island Data Analytic Center (DAC); and, this has allowed the Department to conduct data analysis and monitor its performance on the National Child Welfare Outcomes using the federal Children's Bureau methodology. This capability has been advantageous for DCYF as the DAC is able to provide an assessment of the Department's performance on a more current and continuous basis.

The PIP is focused primarily on the national *standards*, but the Department is also concerned with continuous quality improvement for all of the national *measures* as represented in this Child and Family Service Plan through 2009.

The following table outlines the Department's performance across all of the national measures for the past six years. The FFY 2004 Data Profile was used as the baseline for the standards measured in the PIP. For national measures where there is no standard, the Department continued to track performance/improvements.

[3] Percentages may total more than 100 percent because children could have been victims of more than one type of maltreatment.

National Outcome Data Comparisons

Measure	National Standard	Rhode Island 2003	Rhode Island 2004 Baseline	Rhode Island 2005	Rhode Island 2006	Rhode Island 2007[4]	Rhode Island 2008[5]
1.1 Recurrence of maltreatment within 6 months	6.10%	11.10%	~~7.80%~~	8.9%[6]	12.7%[7]	13.3%[8]	9.6%
2.1 Maltreatment in foster care	0.57%	1.58%	1.09%	1.33%[6]	1.15%[7]	1.02%	0.63%
3.1 Exits from foster care to a permanent home (adoption, guardianship, reunification)	No National Standard[9] Median - 86.3%	83.1%	83.2%[10]	83.7%[10]	85.5%[10]	85.1%	84.1%
3.2 Exits of disabled children from foster to a permanent home	No National Standard[9] Median - 79.5%	77.3%	77.7%[10]	75.5%[11]	76.7%[10]	77.7%	77.3%
3.3 Exits of children age 12 or older at time of entry to a permanent home	No National Standard[9] Median - 72.2%	70.1%	71.3%[10]	72.8%[11]	76%[10]	74.3%	71.4%
3.4 Exits to emancipation for children under age 12 at time of entry into foster care	No National Standard[9] Median - 29.6%	20%	35.4%[10]	25.2%[11]	25.2%[10]	23.4%	26.8%
4.1 Exits to reunification that occurred within 12 months from time of entry	76.20%	65.30%	71%	73.7%[11]	75.9%[7]	73.1%[12]	65.5%
4.2 Children re-entering foster care within 12 months of a previous placement	8.60%	20.90%	21.30%	16.9%[11]	14.1%[7]	18.2%[12]	17.9%
5.1 Exits to adoption that occurred within 24 months from removal	32.00%	50.70%	49.80%	49.3%[11]	48.8%[7]	31.3%	38.4%
6.1 Children in foster care for less than 12 months who experienced two or fewer placements	86.70%	77.70%	84.80%	86.1%[11]	85.6%[7]	84.3%	83.1%
7.1 Children age 12 or younger placed in a group home or institution	No National Standard[9] Median – 8.3%	19.4%	18.0%[10]	17.1%[10]	15.1%[10]	16.8%	17.7%

The Department's performance relating to the recurrence of maltreatment within a 6 month period is now set against a new baseline which has been moved to FFY 2007. Based on a review

[4] 2007 RI Data provided by Data Analytic Center at Yale University, Annual File calculated using federal methodology
[5] 2008 RI Data provided by Data Analytic Center at Yale University, Annual File calculated using federal methodology
[6] RI CFSR Data Profile: September 14, 2006 from Administration for Children and Families
[7] RI CFSR Data Profile: FFY 2006 from ACF
[8] NEW BASELINE established by the Children's Bureau (June 28, 2009)
[9] Most recent median measures for 2003, as reported in the Child Welfare Outcomes 2003: Annual Report to Congress
[10] DRAFT Child Welfare Outcomes FY 2003- FY 2006 Report from ACF
[11] RI CFSR Data Profile: February 21, 2006 from ACF
[12] RI CFSR Data Profile: FFY 2007 from ACF

of the data and Department experience over the years prior to FFY 2004 and subsequent, it was agreed that FFY 2004 was not an appropriately representative year for which to set the baseline. Given the new baseline established for FFY 2007, the Department's target objective would be 12.4% or less. With our performance in FFY 2008 of 9.6%, this objective has been met. The Department worked with the National Resource Center on Child Protection during the PIP period to implement appropriate systemic changes designed to address risk and safety concerns through structured decision-making processes.

++++++++++++++++++

CHILD AND FAMILY SERVICE PROGRAM IMPROVEMENT PLAN – SUMMARY OVERVIEW 2005-2009

During the five year Child and Family Service Plan (CFSP) for the period 2005 through 2009, the Department was implementing its Program Improvement Plan (PIP). This overlap presented an opportunity for the two plans to become integrated, and it was beneficial for DCYF to maintain a single document. As shown below, the CFSP and PIP were organized with five overarching goals aligned with seven major strategies targeting specific improvements in the outcomes for children and families. This strategic focus was then placed within the framework of the National Child Welfare outcome measures and indicators for safety, permanence and well-being.

Child and Family Service Plan Goals	PIP Strategies	National Outcomes Measures
#1: Create a community-based, family-centered service system.	▪ Improve agency partnership with community ▪ Fully implement Family Centered Practice ▪ Improve Family Court Relationship and Legal Issues	▪ Reduce recurrence of maltreatment within 6 months
#2: Establish a continuum of high quality, culturally relevant placement resources in proximity to each child's home.	▪ Establish System of Care and Array of Services ▪ Establish Quality Assurance/CQI ▪ Fully implement Family Centered Practice	▪ Reduce maltreatment in foster care ▪ Increase % of children in foster care for less than 12 months who experienced 2 or fewer placements.

Child and Family Service Plan Goals	PIP Strategies	National Outcomes Measures
#3: Promote adoption or other planned living arrangement when reunification is not achievable.	▪ Family Centered Practice ▪ Enhance foster/adoptive parent recruitment, retention and support	▪ Maintain high % of children who exit to adoption that occurred within 24 months from removal.
#4: Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.	▪ Family Centered Practice ▪ Quality Assurance/CQI ▪ Family Court Relationship and Legal Issues	▪ Increase % of exits to reunification that occurred within 12 months from time of entry. ▪ Reduce % of children re-entering foster care within 12 months of a previous placement.
#5: Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families.	▪ Increase opportunities for Professional Development Training ▪ Quality Assurance/CQI	

In furtherance of this logic model, the Department organized the 45 items of its Program Improvement Plan under the five overarching goals, aligned with the seven strategies and the national outcome measures for the Title IV-B Child and Family Service Plan (CFSP).

More directly in relation to the PIP, fourteen (14) items from the CFSR outcomes were selected as the "critical" items for the Program Improvement Plan. These critical items specifically address fundamental practice changes which the Department felt would have the most direct impact on the national outcomes. At this time, the DCYF has achieved twelve (12) of the PIP items. Two remain under review based on additional data that was provided to the Administration for Children and Families' Children's Bureau. The following table provides an outline of DCYF's performance on these measures.

14 Critical CFSR Items Measured for the PIP

National Standards Outcomes and Indicators		Nat'l Stndrd	DCYF Baseline 2004	State CFSR % Strength 2004	DCYF PIP 2008 Objective	DCYF PIP Performance	Method of Measure
SAFETY OUTCOME 1		6.1%	~~7.8%~~ **13.1%**[13]		Decrease to 12.2%	9.6%	FFY 2008 Data Profile
1. ✓	Item 2a: Repeat Maltreatment (National Standard)						
2. ✓	Item 2b: Incidence of child abuse/neglect in foster care (National Standard)	.057%	1.09%		Decrease to .95%	.63%	FFY 2008 Data Profile
SAFETY OUTCOME 2				79%	Increase to 84%	89%	2007/08 Regional CFSR
3. ✓	Item 3: Services to Prevent Removal						
4. ✓	Item 4: Risk of Harm			67%	Increase to 72%	79%	Quarterly QA Analysis
PERMANENCY OUTCOME 1		8.6%	21.3%		Decrease to 19.95%	14.1%	FFY 2006 Data Profile
5. ✓	Item 5: Foster Care Re-Entry (National Standard)						
6. Still Pending	**Item 6: Stability of Foster Care Placements (National Standard)**	**86.7%**	**84.8%**		**Increase to 86.7%**		**Review of data**
7. Still Pending	**Item 7: Permanency Goal for Child**			**73%**	**Increase to 78%**		**Review of data**
8. ✓	Item 8: Length of Time to Achieve Reunification (National Standard)	76.2%	71%		Increase to 73.42%	75.9%	FFY 2006 Data Profile
WELL-BEING OUTCOME 1				31%	Increase to 36%	45%	2006 Regional CFSR
9. ✓	Item 17: Needs/Services of Child, Parents, and Foster Parents						
10. ✓	Item 18: Child/Family Involvement in Service planning			39%	Increase to 44%	45%	2006 CFSR
11. ✓	Item 19: Worker Visits with Child			61%	Increase to 66%	78%	Quarterly QA Analysis
12. ✓	Item 20: Worker Visits with Parents			34%	Increase to 39%	69%	Quarterly QA Analysis
WELL-BEING OUTCOME 3				77%	Increase to 82%	86%	Quarterly QA Analysis
13. ✓	Item 22: Physical Health of Child						
14. ✓	Item 23: Mental Health of Child			61%	Increase to 66%	69%	2006 CFSR

[13] New Baseline for this outcome measure established by Children's Bureau based on FFY 2007 data.

CFSP/PIP PERFORMANCE – OVERVIEW

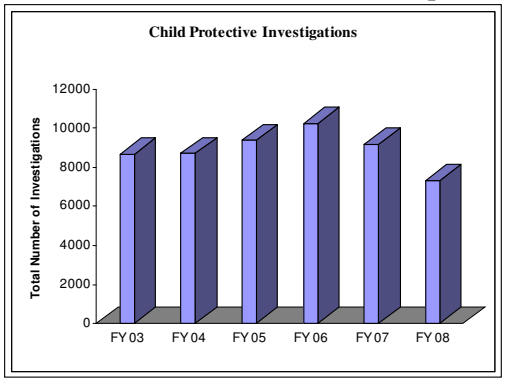
- August 2007 – DCYF submits eighth and final quarter report for PIP implementation.
- Letter dated February 12, 2008 from the Administration for Children and Families notifies DCYF of successful completion of all action steps within its PIP.
- Five of the fourteen (14) quantifiable improvement goals had been achieved; nine (9) remained to be achieved in the third non-overlapping year of the PIP data collection period (October 2007 – September 2008).
- January 2009, DCYF is notified by Regional Boston Office that targets for six (6) of the remaining critical items associated with the PIP implementation had been achieved.
- There are two (2) items that remain outstanding; awaiting a final determination based on continued discussions and a review of the data by ACF. These two items impact the department's performance on one of the national outcome measures.

Under the five overarching goals for the Child and Family Service Program Improvement Plan, the Department had specific expectations for shifting DCYF's practice and culture to demonstrate less reliance on residential placements for children and more collaborative involvement to support a community-based, family-centered service system. Implementation of the PIP has been effective in supporting this movement. Accomplishments are reflected in the Department's experience across the five goal areas.

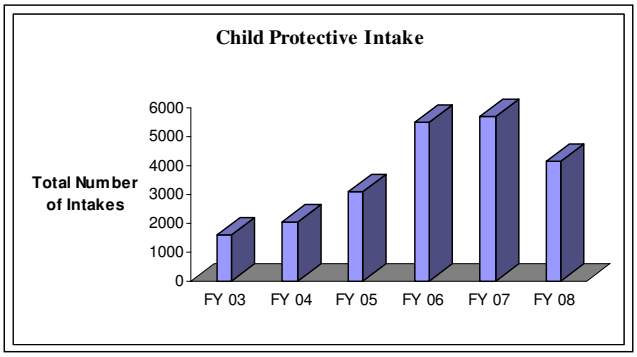
GOAL #I – Create a Community-Based, Family-Centered Service System

Accomplishments:

- November 21, 2005 - implemented Family-Centered Practice agency-wide through policy and among community partner agencies.
- Improved communication with Family Court (meetings with Chief Judge; Family Court/DCYF open discussions with staff; collaboration on Court Improvement Program grants/initiatives); Family Court/DCYF issue relevant retreats. Most recent retreat was held on May 22, 2009.
- Active collaboration with Family Court on Court Improvement Program (CIP) training to inform practice changes relating to family assessment process, and data exchange grants.
- January 1, 2009 - established four regional Family Care Community Partnerships (FCCP) as Phase I of System of Care implementation. FCCPs implement Wraparound process for family support.
- Have broadened collaboration with community providers through CFSR and PIP activities and service/program design; e.g., KidsLink (CMH Emergency Response System) and FCCP.
- KidsLink evaluates an average of 213 children per month and has diverted 62% from inpatient hospitalization to community-based services.
- Butler Hospital closed its 8 bed children's psychiatric unit in May 2008 due to lack of utilization.
- Number of publicly funded beds at Bradley Children's Psychiatric Hospital decreased 22% in 2009 compared with utilization in 2008.
- Implemented practice guidance within Child Protective Services Division resulting in fewer investigations over the past three years. This process helped to better identify risk and safety issues – more effectively differentiate the need for an investigation –



more clearly identify family needs – refer families for community-based support and services. This process has resulted in a reduction in the number of families opening through Intake.



- Continuing process of establishing broader range of evidence-based and promising practices for community and home-based services: 125 multi-systemic therapy (MST) slots have been added in SFY 2009.
- Created a Child Welfare Advisory Committee in January 2009, co-chaired by Rhode Island Kids Count, to assist DCYF with preparation for the 2010 Child and Family Service Review and to assist with identifying and addressing performance specific improvement targets.

GOAL #II – Establish a continuum of high quality, culturally relevant placement resources proximate to each child's home

---

Accomplishments:

- Steadily increased the number of therapeutic foster homes in-state.
- Steadily increased the number of in-state residential placements.
- Steadily increased the number of nearby out-of-state residential placements.
- Maintained a commitment to decrease the number of children in distant out-of-state placements.

Placement Type	Apr-05	Apr-06	Apr-07	Apr-08	Apr-09	% Change from '08
Treatment Foster Care	113	155	173	196	165	-15.8%
In-State Residential	141	147	160	176	160	- 9.1%
Nearby Residential	75	92	122	103	79	-23.3%
Out-of-State Residential	26	19	45	26	20	-23.1%
Total	**355**	**413**	**500**	**501**	**424**	**-15.4%**

- Total number of residential placements across all types was reduced by 15% as referenced by this table. While there had been a steady increase over the past four years toward in-state residential and treatment foster care, there has also been a concerted effort to reduce nearby and out-of-state residential use. The constant objective, however, has been to increase home and community-based care. The April 2009 data reflect this movement.
- Improved licensing process for foster families: reduced by 65% the number of relative foster homes pending license for more than 6 months.
- 30 new foster care slots were added in SFY 2009.

- Continued progress overall toward reducing the number of children experiencing out-of-home placements – close to 20% reduction realized from 2006 to 2008.
- Established topical Regional training series for foster and adoptive families.
- Established an Adoption Specialist Certification Program to increase adoption expertise among clinicians and help to avert disruption or dissolution of adoptions.

Out-of-Home Placements (Data are as of December 31st of given year.)	**2005**	**2006**	**2007**	**2008**
Total	2,665	3,109	2,886	2,492
Foster Care Homes (non-relative, pvt agency)	810	881	885	840
Relative Foster Homes	572	768	700	540
Independent Living/Supvsd. Apt.	203	203	132	113
Residential Facility	400	383	392	344
Group Home	211	355	348	301
DCYF Shelter Care	112	116	106	83
Relatives Caring for Children	176	167	124	106
Medical Facility (Psych, Med, SA)	69	102	82	66
Other	112	134	117	99

Other includes out-of-state placements/other agency custody, respite care, in prison other than Training School for Youth, trial home visits, minors with mothers in a shelter or other facility, runaways/unauthorized absence.

- System of Care Phase II concept paper is being prepared for internal and external stakeholder review and input. Internal stakeholder review and feedback has begun with DCYF social work supervisory staff. Technical assistance through the National Resource Center for Organizational Improvement has been secured to help guide this practice shift.
  - Phase II will implement Wraparound Values and Principles for children and youth in DCYF care and custody to further reduce the need for out-of-home placement. Emphasis will be particularly on ensuring effective care management for 2 – 5 percent of the youth in DCYF care who have the most complex and intensive behavioral health care needs.

GOAL #III – Promote Adoption or Other Planned Permanent Living Arrangement When Reunification is Not Achievable

Accomplishments:

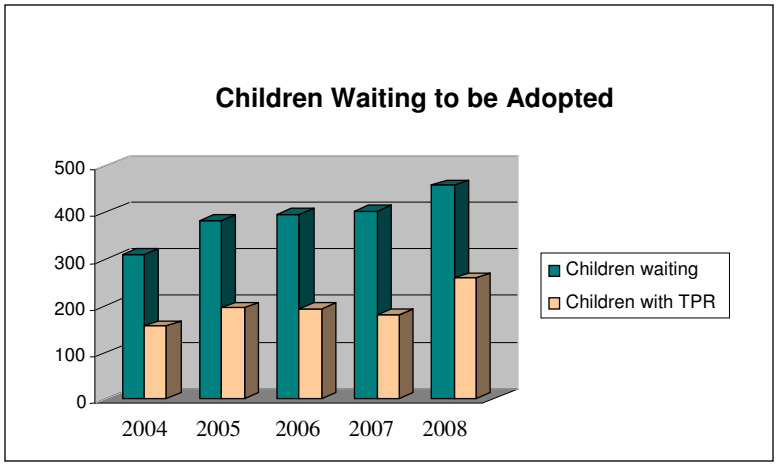
- Department remains above national standard rating for adoption
- Established Permanency Support Teams within each Region
- Have developed/provide an informational packet for relative caregivers at time of emergency placement in order that they are aware of Department expectations and requirements
- Have increased use of guardianships, and continue to work on new policy guidance in this area
- Automated the Family-Centered Risk and Protective Capacity Family Assessment in RICHIST in February 2008 – social work staff usage was 31% at that time. Now hardcopies have been eliminated; staff use of family assessment in RICHIST system is 100% (2302 active service plans as of 6/22/09)

National Adoption Outcome Measures –

The Department experienced a slight downturn in the national outcome measure for adoptions in the data for 2007, and this is likely attributed to a backlog in processing the necessary preparation for filing petitions. This is a measure for which DCYF had historically performed well above the national average; and though a slight decline was experienced, this performance was still comparable to the national average. A marked improvement was shown in the last year.

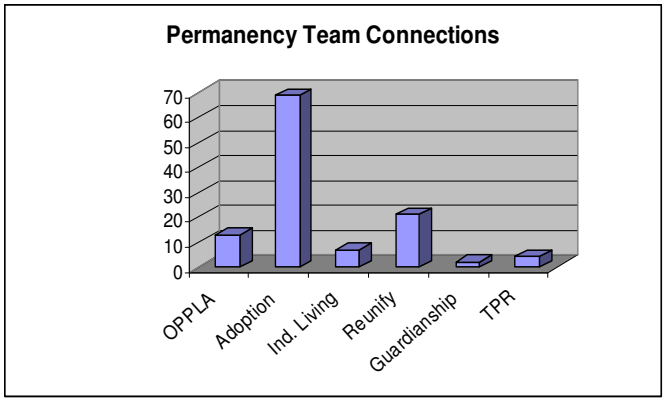
Measure	National Standard	FFY 2004 Baseline	2005	2006	2007	2008[14]	PIP
5.1 Exits to adoption that occurred within 24 months from removal	32.00%	49.80%	49.3%[11]	48.8%[7]	31.3%	38.4%	**Was not measured for PIP**

During FFY 2008, there were 458 children identified as waiting to be adopted. Of this number, 258 (62%) were free for adoption with their parents' rights being terminated. This is an increase from FFY 2007 where 181 children were identified as free for adoption. As of May 31, 2009, there were 2,810 adoption subsidies supported by DCYF.



Permanency Options -

During 2007, DCYF Director Patricia Martinez led efforts with a coalition of provider agencies to establish Permanency Support Teams within each of the DCYF Regions. These teams officially began operating within the Regions in February 2008. Emphasis was placed on helping Department staff and community providers to work more collaboratively in exploring a range of permanency options for children in care; e.g., adoption, open adoption, subsidized guardianship and mentoring relationships for older youth.



Importantly, the creation of the Regional Permanency Support Teams has provided assistance for staff in preparing the necessary documentation when adoption is the permanency goal – particularly for youth who have been in care for extended periods of time. In the past year, there have been consultations with permanency team members involving 197

[14] 2008 RI Data provided by Data Analytic Center at Yale University, Annual File calculated using federal methodology

youth in care. Data represent that of 116 youth who are involved with the Regional Permanency Support Teams, 69 (59%) have a permanency goal of adoption and 21 (18%) have a permanency goal of reunifying. A small group is split between other planned permanent living arrangement and independent living. Eighty youth are still working toward development of a permanency plan. The focus is on assisting youth and DCYF staff in researching records and helping to identify valuable connections for youth in preparation for leaving care.

In 2008, there were 11 subsidized guardianships finalized. Currently, there are a total of 30 subsidized guardianships and another 12 that are in process toward finalization. The Department is continuing efforts to promote legal guardianship as an option for children and youth when reunification or adoption is not a feasible permanency option.

Adoption Specialist Certification Program –

The Adoption Specialist Certification Program was developed in collaboration with the School of Social Work at Rhode Island College in 2007-08. The program is designed to offer instruction through the Office of Continuing Education with a curriculum comprised of six core courses and three electives. This program is now two years old. During SFY 2009, participation ranged between 11 and 38 participants for the following workshops:

- Trauma and Attachment
- Gay and Lesbian Parenting
- Strength-based Approaches to Working with Foster and Adoptive Children and Families
- Core Clinical Issues in Adoption
- Lifebooks: A Roadmap to Life's Memories
- Adoption and Foster Care Placements Across State Lines

Workshops planned for the Fall semester include:

- Overview of Transracial Adoption
- Fostering the Physical and Mental Health of Internationally Adopted Children
- Meeting the Needs and Addressing the Service Gaps for Lesbian, Gay, Bisexual and Transgender Youth in Adoption and Foster Care
- Ethical Issues in Adoption

This certification program continues to evolve with a strong, commitment from all key partners: Adoption Rhode Island, DCYF, and the Rhode Island College School of Social Work. The first graduation celebration is scheduled for November 20 during National Adoption Month for the participants who have completed all core workshops and electives.

MULTI-ETHNIC PLACEMENT ACT (MEPA)
Foster Parent Recruitment

June 2009 Report

I. A description of the characteristics of waiting children.

Demographic information (as of 6/1/09) indicates that there are **8028** children active with DCYF. Of these, **61**% are White; **20**% are African American; **2**% are Asian; **1**% is American Indian; **9**% are of Unknown race and **7**% are Multiracial). **22**% of the active children are listed as Hispanic.

Of the **1375** children residing in foster care placements (relative, non-relative, and private agency specialized foster care) **67**% are White; **16% a**re African American; **2**% are Asian; **.5%** are American Indian; **10%** are multi-racial and **4** % are **"**unknown". **23%** of the children in foster home placements are of Hispanic heritage.

II. Specific strategies to reach all parts of the community.

The goal of foster parent recruitment is to ensure that sufficient numbers of qualified foster families are available to meet the needs of the Department and the children it serves and to allow for careful matching and planned placements which meet the best interests of every child in need of foster care. As approximately 80% of all DCYF children who are adopted are adopted by their foster parents, it is critical that initial foster placements be conducted with consideration to a child's long term needs.

This overview focuses upon the recruitment of **generic** foster homes. Kinship and child specific placements originate with the child's primary social worker and are handled through a different process.

Most tasks have been achieved and are ongoing. The Department continues to contract with the Urban League of Rhode Island to recruit, conduct home studies, and provide pre-service training for foster and adoptive families interested in fostering African American and Latino children. The contract includes the provision of training and home studies in Spanish for Spanish speaking applicants.

During the first eleven months of FY 2009 (July 1, 2008 – June 15, 2009), numerous foster parent recruitment activities have taken place. The goal of these activities has been twofold, and has focused on both the long term process of increasing general public awareness of the role of foster parents and the licensing process and the immediate need for increasing our available pool of qualified, culturally sensitive foster parents. Towards these goals, the following activities have occurred:

- **Print Advertising**

Our print advertising campaign is aimed at reaching both general and targeted populations of prospective foster parents, throughout the state, through daily, weekly, monthly, and special interest publications. During this year, we have advertised in the Providence Journal, Woonsocket Call, Newport Daily News, Pawtucket Times, Kent County Daily Times, South County Independent, Northeast Independent, Rhode Island Newspaper Group (17 suburban weekly

newspapers), the Rhode Island Media Group (10 suburban weekly newspapers), the Rhode Island Family Guide, and the Rhode Island State Nurses Association quarterly newsletter. We have four different print ads depicting children of varied ages and ethnicities which we rotate. These advertising efforts make up the backbone of our recruitment campaign and serve as weekly reminders of the ongoing need for foster parents. As research has indicated that families typically think about fostering for one year prior to applying, it is important to maintain a continuous advertising presence.

- **Recruitment Events - Informational Booths and Presentations**

Our recruitment events are aimed at disseminating information on foster parenting to the general public, dispelling some of the erroneous myths regarding foster parenting, and encouraging people to consider the idea of opening their homes to foster children. Towards these ends, a wide variety of activities were conducted directed at a diverse population. Informational booths were staffed at community fairs, festivals and events during this time period. Recruitment information was distributed at conferences, community sites, businesses, and churches. These combined activities afforded Departmental staff the opportunity to speak directly with many prospective applicants in a family friendly, comfortable setting and to distribute large numbers of recruitment materials personally.

- **Informational Meetings**

During this fiscal year, we have maintained our schedule of informational meetings for prospective foster parents. In partnership with DCYF regional offices and community groups, monthly informational meetings were held. The goal of these meetings is threefold: they provide a comfortable setting for interested persons to gain additional information regarding foster care and to meet actual foster parents; they provide us with valuable free advertising in the form of news articles from press releases and mention in *what's happening* columns of area newspapers, cable and television stations, and web sites; and they provide us with opportunities for continued outreach to follow-up regularly with callers who requested information on foster parenting but did not return completed applications

- **Foster Family Referral Program**

The Department continues to contract with the Rhode Island Foster Parents Association to implement a foster parent referral program in which foster parents receive financial incentives for referring prospective foster parents and for hosting recruitment parties in their homes and communities. The financial incentive was substantially increased to encourage greater participation. The program is advertised in the Foster Parent Newsletter and special mailings and is based upon the philosophy that satisfied foster parents often make the best recruiters.

- **Targeted Recruitment Effort**

These activities represent our efforts directed at reaching specific populations with foster parent recruitment materials through mailed packets of information containing a recruitment notice suitable for publication in newsletters and bulletins; an offer to hold an informational session on becoming a foster parent on site; posters for display; and brochures and fliers for distribution.

Recruitment packets were sent to churches; schools; hospitals; youth programs, and numerous businesses, companies, organizations, and agencies.

- **Specialized Programs**

Efforts to recruit additional foster families to meet the needs of the children within their home communities are continuing. Targeted recruitment campaigns for infants and adolescents are ongoing. Efforts to recruit foster homes for medically fragile and technologically dependent children are continuing.

- **RIFPA and DCYF Websites**

The Rhode Island Foster Parents Association web site and the Department of Children, Youth and Families' web site feature foster parent recruitment information and contact information for prospective foster parents. Informational meetings are listed on the DCYF website. Web inquiries are an increasing source for recruitment.

OUTCOMES

These targeted recruitment efforts, in combination with our broader foster parent recruitment plan, have resulted in the following outcomes for **generic foster parent recruitment** for the first eleven months of this state fiscal year (FY2009) : **Please note that these figures represent only generic foster home applicants and do not include relative and child specific foster family data.**

58 Foster Licenses were issued of which approximately **25%** are minority applicants; **(16%** African-American; **9 %** Hispanic;**)**

65 New Generic Foster Families are currently in the home study / training process, of whom approximately **22%** are minority applicants; **(14%** African-American; **8 %** Hispanic;)

39 New Generic Foster Families are in the application process presently, of whom approximately **66%** are minority applicants; (**51%** African-American; **15 %** Hispanic;)

III. Diverse methods for assuring that all prospective parents have access to the home study process, including location and hours of service that facilitate access by all members of the community.

Foster care and adoption pre-service training has been offered in Providence by the Urban League program and in Providence and North Kingstown by the Department this year. Evening trainings are available on a rotating schedule of weekdays and Saturday trainings are available through the Urban League. Foster and Adoptive Parent pre-service training is offered in Spanish by the Urban League. Foster care home study consultants have the flexibility to conduct home studies during the evening and week-end hours, at a family's convenience.

IV. Strategies for training staff to work with diverse cultural, racial and economic communities

Training on Cultural Sensitivity, Cultural Diversity, and Working With Culturally Diverse Populations is offered regularly.

V. Strategies for dealing with linguistic barriers.

The Urban League has Spanish speaking staff available to work with Spanish speaking foster care applicants. The Department's recruiter refers families who need to complete the licensing process in Spanish to the Urban League. The Department also has a contract with the Socio-Economic Development Center's Language Bank which provides for the hiring of interpreters for a large number of foreign languages as needed. Linguistic barriers have not posed barriers to the foster home recruitment / licensing process.

VI. Non discriminatory fee structure

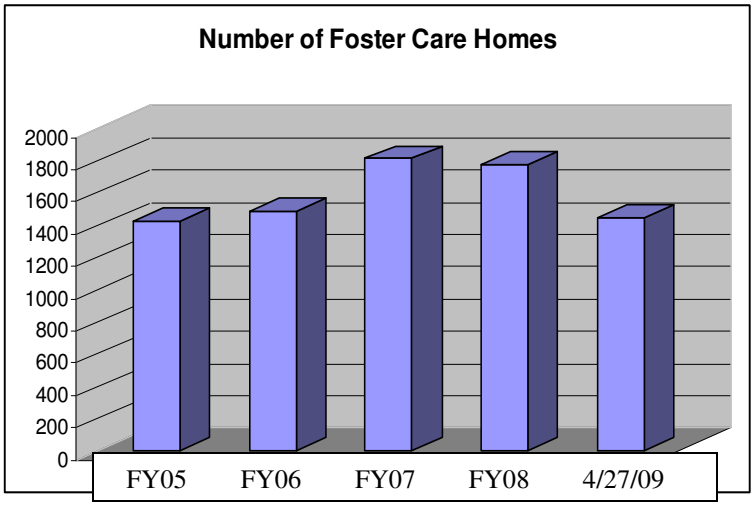
There is no fee for the foster care program.

VII. Procedures for a timely search for prospective parents for a waiting child.

The goal is to sufficiently increase the pool of available foster homes in order to facilitate the matching of children entering foster care with culturally similar families from the same geographical community as the child.

Recruitment Activities for FY 2010 – The Department will continue its generic foster parent recruitment efforts in the coming year consistent with its current recruitment activities.

The Department continues to work toward improving systemic supports for relative and non-relative foster parents to reduce placement disruptions and ensure that foster families have necessary information, service contacts and access for immediate and ongoing support. As of April 27, 2009, the number of active relative and non-relative foster homes was 1447. This reference is point in time only. Preparation is underway to issue a Request for Proposals from child placing agency providers in order to more effectively address the support needs of both relative and generic foster homes. New contracts are expected to be in place soon within SFY 2010.



MULTI-ETHNIC PLACEMENT PLAN
Comprehensive Recruitment Plan

June 2009 Report

I. Objective: DCYF will maintain a description of the characteristics of waiting children.

The RICHIST data base includes the following information on every child: age, race/ethnicity, sibling group, current placement, and clinical descriptors such as sexual abuse, physical abuse and/or neglect. Since the inception of RICHIST in August of 1997, the Department has been incorporating Adoption related information into the system in keeping with this objective. In 2004, new reports that were requested to be created in RICHIST include:

- Number of children with the goal of adoption;
- Names of children with the goal of adoption;
- Number of adoption disruptions (pre-finalization);
- Number of adoption dissolutions (post-finalization); as well as a
- Breakdown of the numbers of disrupted and dissolved adoptions to identify whether they were foster care adoptions and stranger adoptions.

Since September of 2005, a Pending Adoptions report has been made available to staff in the Adoption Unit. Based on this report we can state that as of June 16, 2009, there are currently 276 children with the case plan goal of adoption. Of that number, 253 had an approved adoption registration. 0f the 253 with an approved adoption registration, 42 were going to be adopted by their foster family, 31were going to be adopted by their relative foster family and 180 were listed as needing an adoptive resource.

The racial mix of the 180 children needing adoptive resources is 114 listed as Caucasian, 57 as African- American or African-American/White, 6 listed as AI/AN, 1 listed as NH/PI and 2 for whom the race was “undetermined”.

Of the 180 listed as needing an adoptive resource, 155 are currently active with Adoption Rhode Island for services. 53 of these children have already been placed in pre-adoptive homes, 12 are matched and visiting, 18 are on hold for reasons having to do with the child’s needs, leaving 72 children for whom we are actively recruiting adoptive resources.

The RICHIST data base includes data on all freed for adoption and legal risk children. Additionally, it provides the Department with ongoing statistical information which can aid in improving adoption practice.

DCYF works with our community partners to develop or contract for placement resources in a creative way to meet what we feel are the presenting needs of the children and youth at a particular point in time; with now-available data and some more planful design on a systems basis, we can be even more effective. We will soon be in a position to better target recruitment in terms of type of placement and other resources needed in various cities and towns throughout Rhode Island.

II. Objective: The Department of Children, Youth and Families will ensure a timely search for an adoptive placement for a waiting child while providing that placement of a child in an appropriate household is not delayed by the search for the same race or ethnic placement.

DCYF continues to maintain and expand its data base of waiting families. DCYF children are registered with appropriate exchanges, including Adoption Rhode Island, AdoptUSKids, both private and contracted agencies and regional exchanges. Exchanges have expanded their services to include websites and these resources are also being utilized in our efforts to place waiting children. In order to assure that all professionals working to promote adoptive resources are kept abreast of updates, a review of Waiting Families and Waiting Children is conducted every six weeks with DCYF's Adoption Preparation and Support Unit, Adoption RI and other contracted providers.

Clinical Training Specialists are available for case consultations on an ongoing basis. At the present time, telephone consultations occur on an almost daily basis, and staff are always available to set up consultations regarding specific cases and/or issues. In addition, Adoption Preparation and Support staff hold regularly scheduled meetings in the various Regional offices. These meetings afford an opportunity for FSU staff to bring cases and issues for discussion on a less formal basis, and will also provide a forum for training FSU staff and supervisors on adoption issues and procedures.

In conjunction with Adoption RI, DCYF continues to conduct child specific recruitment on a case-by-case basis, utilizing television, newspapers and other methods to locate homes for specific children. Some of the children who might need this type of recruitment include physically challenged children. In addition to recruiting homes for these children, DCYF will also conduct individual training and home studies to further facilitate the placement of these children.

Permanent connections for children may also be achieved through a Visiting Resource Program. Our Department in collaboration with the Rhode Island Foster Parents Association, Casey Family Services and RICORP has established the Real Connections program. Real Connections pairs caring adults with youth in transition from substitute care with the goal of providing an adult connection who can assist the youth in this transition period and also remain as a caring adult as the youth moves into the adult world.

Families who are matched for the initial purpose of visiting with a child, may consider adoption of the child in the future or may continue as a valuable resource and support to a family who comes forward to adopt the child. Approximately 25% of Visiting Resource Families go on to become Adoptive Resources for the children whom they visit.

III. Objective: DCYF will implement specific strategies in order to reach all parties in a diverse community.

Advertising is crucial to recruitment efforts. DCYF staff in conjunction with Adoption Rhode Island make regular television and radio appearances to inform members of minority populations of events and recruitment activities such as regular information meetings.

Other recruitment efforts are in process. Adoption RI has developed a "Youth Speaks Out" panel made of teens and young adults. All have come through the DCYF foster care system and several have been adopted. They "speak out" very poignantly for the need for adoption and take their stories to many diverse groups.

The business community is an area that we have only begun to tap in terms of recruitment efforts. Local Post Offices in RI have assisted in the promotion of Adoption Information. Attempts to conduct on-site recruitment at area businesses employing significant numbers of minority personnel are still in process.

IV. Objective: DCYF will implement methods for disseminating both general and child specific information.

DCYF contracts with Adoption RI for specific recruitment on local television and in daily and weekly regional newspapers. Information on specific children is made available to the AdoptUsKids! Website, a service of the Children's Bureau. With the assistance of a mini-grant from the Children's Bureau and AdoptUskids, Adoption Rhode Island has developed video capacity on its website. This innovation allows perspective adoptive families to see the available children at play, interacting with others and to hear the children as they speak about their desire for an adoptive family.

Since 2002, Adoption RI has been promoting a campaign specifically targeted to finding homes for minority children. The campaign has produced and disseminated brochures and conducted advertising focusing on the minority children who are waiting for adoptive homes.

A team of adoptive parents is presently working with staff from Adoption Rhode Island to promote awareness about special needs adoption through the state library system. They are holding recruitment events in several libraries throughout the state and are ensuring that libraries maintain and make available current photo listings of waiting children.

DCYF and Adoption Rhode Island produced a fourth annual "Heart Gallery", portraits of twenty of the longest waiting children. The Fourth Annual Heart Gallery opening was in November of 2007. The portraits were displayed in the Rotunda of the Rhode Island State House during National Adoption Month. Since that time the Heart Gallery has been on tour at various locations within the state including Hasbro Headquarters, Cardi's Furniture, libraries and many other locations. The tour will continue until November when the opening for the Fifth Annual Heart Gallery is planned. The Heart Gallery has generated a great deal of interest in foster care and adoption and, most importantly, 40% of the children appearing in the gallery, have found resource families. On National Adoption Day, 2008, adoptions were finalized for some of our longest waiting children.

V. Objective: DCYF will implement strategies assuring that all prospective parents have access to the homestudy process, and that training and recruitment are regionally-based.

The adoption application has been modified to be more inclusive. The terms "parent one" and "parent two" have been substituted for "husband" and "wife," providing greater openness to alternative family styles. Child centered, culturally sensitive language has been included. For more than a decade, the Department has supported adoption by non-traditional families, holding recruitment events aimed specifically at these families. Information/recruitment meetings include specific information regarding single and gay/lesbian adoptions. The Department has been successful in promoting the formation of support groups among these families.

Despite the fact that Rhode Island is small in size, it is important to try and reach individuals in their home regions. Adoption information meetings are currently being held in two areas of the state. This provides easier access for families, and allows for the possibility of a more expedient response to interested families. Cox Cable, reaching a state-wide audience, regularly advertises Adoption RI's information meetings as part of their public service announcements. The cable network has also spotlighted panel discussions/presentations of adoption topics throughout the year. Rhode Island's most prominent television station, Channel 10, promotes "Tuesday's Child" on a weekly basis to its audience throughout the Rhode Island and southeastern Massachusetts.

Clinical Training Specialists work on flexible schedules in order to meet the needs of working parents. Training is offered in the evenings and on Saturdays with home visits scheduled to the needs of the families. Individual at-home or on-site preparation can be done in order to meet special circumstances. At the present time, 3 Clinical Training Specialists lead Adoption Preparation Groups.

Approximately 80% of DCYF adoptions are foster parent/kinship adoptions. In order to offer further support to these resource families, a curriculum is now offered which deals specifically with the issues of moving from fostering to adoption and with open adoption issues.

Responsibility for Foster Parent training was moved in 2000 to the unit that was already providing training to Adoptive and Visiting Resource families. This move has proven to be effective in maximizing the use of staff time and in offering a continuum of training and support opportunities to all resource families. Dual training of Foster and Adoptive families was instituted in January, 2002. Dual training emphasizes the continuum of care, and demonstrates the importance of all resource providers. It supports families in their chosen role, providing them with the information they need at the present and that they will/may need in the future as their role changes.

In an effort to improve permanency outcomes for children and youth in state care, the Department established Permanency Support Teams which are regionally-based. The teams are led by staff from the Adoption & Foster Care Preparation and Support Unit. Other team members include staff from DCYF's Adoption Services Unit, Real Connections, Adoption Rhode Island, Casey Family Services and other community agencies. The work of the teams is promoting, developing and supporting a range of permanency outcomes for our children and youth. The teams operate through a supportive, consultative model in assisting the Family Service Workers in clarifying permanency goals and overcoming barriers to permanency.

VI. Objective: The Department of Children, Youth and Families will design and implement a staff training program in order to prepare staff to work with diverse cultural, racial and economic populations.

More formalized coordination of training opportunities for certain populations of applicants and further exploration of innovative training options may lead to stronger and more timely delivery of foster care and adoption training services (pre and post licensing/adoption).

Tasks in this area involve agencies from the minority community in curricula development, training staff on Cultural Sensitivity Issues, involving minority staff in family preparation/racial issues and training on Culturally Appropriate Adoption Placement Considerations. Training regarding Cultural Sensitivity is being done through the Child Welfare Institute and includes Cultural Sensitivity for Staff, Cultural Sensitivity for Supervisors and Management, and Building Awareness of and Working with Gays and Lesbians. The expanded Pre-Service Orientation for new DCYF workers that is now conducted by the Child Welfare Institute, offers two pertinent sessions - Values Clarification and Diversity - aimed at preparing new workers to engage with families of diverse races, cultures and backgrounds.

Additional training is being planned to target issues related to educating both staff and potential pre-adoptive families regarding: Legal Risk Placements; Issue Specific Training on a Unit-by-Unit basis; and Agency specific training for DCYF Supervisors and Family Service social workers.

More than half of DCYF's foster parents are, in fact, kinship caregivers. DCYF staff and resource providers need training specifically around issues involved in working with kinship caregivers. DCYF's Kinship Policy as well as its Concurrent Planning efforts and policy provide a strong basis for training our own agency staff and provider agencies. Kinship Care issues have a significant place in the training offered to new staff as part of the orientation training done under the aegis of the Child Welfare Training Institute and in the dual training Pre-Service Orientation offered to foster and adoptive families.

The Adoption and Foster Care Certification Program has now completed its second year. The mission of this collaboration between DCYF, the Rhode Island College School of Social Work – Continuing Education, and Adoption Rhode Island is to build the skills and knowledge of community – based clinicians, social service providers, educators and others working with people whose lives are touched by adoption or foster care. The program promotes a resilience and strengths perspective that enhances and sustains functional family connections. The kick-off was held on June 11, 2007. Over the two year period, several day-long workshops have been held successfully, with good response from the community. The third year of workshops has been scheduled and work is beginning on year four.

Adoptive Parent Recruitment Activities for FY 2010 – The Department will continue its recruitment efforts for adoptive parents in the next year consistent with its current recruitment activities.

IV-E PROGRAM IMPROVEMENT PLAN –

In September 2007, the Children's Bureau conducted its three year eligibility review of the Department's Title IV-E Foster Care Program. The review period was from October 1, 2006 through March 31, 2007. Eighty (80) cases regarding foster care maintenance payments were randomly selected for examination. The result identified 16 cases to be in error, as well as five other non-error cases that had been improperly claimed for IV-E Federal Financial Participation.

The review findings required the Department to address three overarching areas needing improvement which relate to judicial determinations; licensing practices; and AFDC eligibility determinations. A IV-E Program Improvement Plan (IV-E PIP) was submitted in mid-May 2008 and approved by the Federal Regional Office. The final report represented in the following table was submitted in May 2009.

Title IV-E Eligibility Program Improvement Plan

Activities	Person Overseeing Activity	Completion Date	Status/Update
Goal I: Address Problem Areas in Judicial Determinations			
1. Amend "Motion for Change of Placement" court order to include language that the department made reasonable efforts to maintain the child at home.	Kevin Aucoin	5/31/2008	Motion was amended and submitted to ACF for approval 4/21/08
2. Work with attorneys and social caseworkers to prepare cases for permanency hearings so that the court can make meaningful determinations that the department has made reasonable efforts toward achieving permanency for the child.	Jorge Garcia	2/6/2009	○ An initial review of the need to conduct appropriate and effective permanency hearing was held with all of the agencies attorneys in May 2008. ○ Further progress in this area was delayed due to staffing changes. ○ Deputy Director Garcia met with attorneys responsible for DCYF cases on 2/6/09 to review the importance of "reasonable efforts" and substantial and meaningful findings.
a. Meet with regional office staff to explain the purpose and importance of permanency planning and preparation; what documents are needed at a hearing and review examples of well prepared cases.	Lisa McInnis	3/25/2009	○ Deputy Director Garcia met with Regional Directors on 3/11/09 and 3/25/09 to review permanency planning, preparation, hearing documentation. ○ Examples were reviewed. ○ Case specific reviews will occur monthly on an ongoing basis.
b. Have NRC train legal staff and clearly explain their role in the permanency hearing process addressing the social, legal and financial significance of permanency planning.	Kevin Savage National Resource Center	5/11/2009 9/25/2009	○ Scheduling for attorney training through the National Resource Center on Legal and Judicial Issues was completed on 5/11/09. ○ NRC will provide training on 9/25/09.

Activities	Person Overseeing Activity	Completion Date	Status/Update
3. Reprogram RICHIST so that IV-E funds will not be claimed until all legal requirements have been met.	Leon Saunders	Pending	○ The programming needs to be done. Prior MIS requirements have caused further delay. ○ The process of not claiming until documents have been located has been implemented. Tracking is being done manually. ○ Quality control of this process is overseen by an outside contractor.
4. Meet with Family Court judges to review the purpose of meaningful "federal findings." Explain the purpose of making reasonable efforts findings in court on a yearly basis, requesting that the court make those findings on the record.	Patricia Martinez	3/31/2009	○ Director Martinez met with Chief Judge Jeremiah during the 1st quarter of the calendar year to review the importance of meaningful permanency hearings. The Court was receptive and agreed to work with the Department to improve practices.
5. Maintain all legal documents relative to IV-E in the IV-E foster care and adoption subsidy files.	Lisa McInnis	5/31/2008	This has been implemented as new cases have been opened.
6. Implement quarterly QA process to review a sample of 20 IV-E files to ensure that the correct legal documentation is being maintained in the files.	Lisa McInnis	11/2008 4/13/2009	○ QA process was begun and continues on a quarterly basis. ○ First QC of records was completed in November 2008. Thirteen records were found to meet documentation goals; 7 were missing legal documentation upon inspection; records were later obtained at Court. Process continues on a quarterly basis. ○ A comprehensive review of all physical records to begin in January 2009. ○ Comprehensive review of all IV-E files was completed during the week of 4/13/2009.
Goal II. Improve Licensing Practices			
1. Work with NRC's TA program to reduce the average length of time it takes to license a foster home to under 6 months.	Kevin Savage	5/31/2009	○ There have been significant changes in the department's commitment to a foster care redesign that will include provisions to have licensure achieved within 6 months. The first phase will be to have licensing of kinship homes accomplished by community foster care agencies. An initial meeting with the agencies will occur on 8/5/08. ○ General and individual meetings have occurred with private agencies. With the assistance of the NRC, a draft contract has been developed. ○ Several agencies have committed to working with DCYF to provide services to foster families. ○ Implementation is expected in the first quarter

Activities	Person Overseeing Activity	Completion Date	Status/Update
			of 2009. o Next Steps: work with MIS to develop necessary programming changes to support restructuring.
2. Work with DCYF Licensing staff to improve record keeping system so that files will be readily accessible at all times.	Kevin Savage	3/31/2009 May 2009	o Staff meetings have taken place since the review to discuss the need for accurate and orderly record keeping. When the 20 cases are pulled, an audit of licensing records will be pulled and each worker will be evaluated on record keeping and personal and general feedback will be given in order to improve the system. The redesign will move the process to private agencies and they will be trained on how DCYF would like the records submitted to the department. o Cases will be pulled in January 2009. A team has been identified to review the records, report on findings and to recommend changes to the Licensing Administrator and Agency Director. o DCYF re-ran the "average length of licensure" calculation in May 2009. o The results showed, on average, homes are being licensed within 6 months.
3. Maintain copies of licenses and background checks in the IV-E foster care and adoption subsidy files as well as the foster care licensing files.	Lisa McInnis	n/a	o Not yet implemented. o DCYF discussed revision of the goal with ACF. o Goal was determined to be unrealistic and unachievable.
Goal III. Improve AFDC Eligibility Determination Practices			
1. Establish procedures to document child income during the re-determination process and document that in RICHIST.	Lisa McInnis	December 2009	o It is being done manually at the time of re-determination. See below for electronic documentation. o The process is continuing to be done manually. The automation request with MIS is in queue; programming is subject to other priorities. Completion is anticipated in the Fall.
1a. Work with MIS to design supporting programming needs to meet the requirements of goal 1.	Leon Saunders Lisa McInnis	Ongoing	o Information regarding a child's income must be added to the IV-E re-determination checklist to demonstrate that the ET verified the child's income. It was decided that the re-det checklist will become a tabbed window. The existing information will remain on one tab and a new Financial tab will be added.

Activities	Person Overseeing Activity	Completion Date	Status/Update
			○ <u>New Financial Tab Concept</u> The new financial tab will contain a series of checkboxes with questions pertaining to did/does the child receive an inheritance, SSI, SSA, VA and other income. When a checkbox is selected, a monthly and a lump sum amount field will open for the selected income type. The user will be required to enter at least one of the amount fields for the selected income type. ○ SSI, SSA & VA will be system checked if the child has a RICHIST trust account for that benefit type and the monthly benefit amount will also be system identified. The user can enter a lump sum for SSI, SSA or VA. If the user selects the other income option, they will be required to enter a text description of the type of other income. ○ There will also be a checkbox for child receives no income. At least one checkbox must be checked to complete the determination. A total lump sum and total monthly income will be system calculated from the entered amounts and displayed. There will be a radio button for the ET to then manually select passed or failed for financial eligibility. Logic will be added to the window that if failed is selected, only the Not Eligible status can be selected for the determination.
1b. Train staff on new procedures relative to the re-determination process.	Leon Saunders Lisa McInnis	Ongoing	○ Staff have been trained on the manual process and will be trained on the electronic process once the programming has been completed. ○ Manual process remains in place until new programming can be completed.

Goal IV – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency

Accomplishments:

- Implemented Young Adults Establishing Self-Sufficiency (YESS) Program
- Implemented aftercare policy for youth ages 18-21
- Established Medicaid eligibility coverage for youth 18-21
- Continue to provide Life-Skills Training for youth 16 and older in foster and group care settings
- Collaboration with Department of Labor and Training (DLT) to establish youth workforce development services
- Chafee Program support for National Transition Database and Teen Grant Program
- Educational Training Vouchers
- Higher Education Legislative Grants

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM –

Accomplishments

The Department, directly and in collaboration with our numerous partners, has been very successful this year in helping our older youth in the seven purpose areas outlined for the CFCIP. All programs are available to youth statewide regardless of where they live as well. Services are also available to youth who live out of state but provided that issues can be resolved related to transportation. The state does not use CFCIP funds for room and board payments. Some of the highlights include:

- **Lifeskills Program:** This program is primarily administered by the RI Council of Resource Providers for Youth (RICORP). However, the RI Foster Parents' Association (RIFPA) receives private funding through the United Way which supplements the CFCIP funds for this program. It is intended to prepare and equip youth age 16 and older who are living in out of home placement for independent living or former foster care youth, including those who have left foster care for kinship guardianship or adoption after age 16.. The program uses the Daniel Memorial Institute's Life Skills Curriculum. From June 1, 2008 through June 30, 2009, 208 youth enrolled in the Life Skills Program and 164 youth (19 from foster homes; 63 from group care) completed or are anticipated to complete the Life Skills Program, a completion rate of 79% of those enrolled (these numbers include youth anticipated to graduate by June 30, 2009).
- **Real Connections:** This program, developed by RIFPA, has been in operation for about two years and began receiving CFCIP funding in October 2008 ($50,000) and is showing positive results for older youth in foster care. Through case-mining, eco-mapping and relationship mapping, Real Connections aims to develop and foster personal connections between youth and a network of adults, working with those youth who are in danger of aging out of foster care without significant adult connections. Real Connections staff are co-located in DCYF offices and work as part of our Permanency Support Teams. From

June 1, 2008 through June 30, 2009, served 135 youth and helped 83 of those youth to find one-to-one adult connections. An additional 12 youth are in group mentoring relationships while the remaining 40 youth have yet to be matched but have completed the application and interview phase and are in various stages of searching and identifying a mentor.

- **Medicaid Services for Youth Aging Out of Foster Care:** Through a collaboration with our state Medicaid agency, the RI Department of Human Services (DHS), DCYF continues to provide Medicaid coverage to youth aging out of foster care on their 18th birthday until their 21st birthday regardless of income. There is a requirement that youth "re-apply" annually with Medicaid simply as a way of verifying that they continue to be Rhode Island residents. Additionally, DCYF has used state funds through our YESS program to provide health insurance coverage through private pay Blue Cross/Blue Shield Insurance to youth who do not qualify for Post Foster Care Medicaid Coverage (e.g., undocumented immigrant status, living out of state).

- **Young Adults Establishing Self Sufficiency (YESS) Program:** This program, developed and implemented by RICORP, is an advanced independent living model which serves young adults aging out of foster care at age 18 through their 21st birthday and who are identified as having demonstrated a level of maturity and capacity toward greater independence. Services include limited management supports, establishment of budget/living expenses, self-sufficiency plan establishment and financial assistance to offset cost of rent, food, etc. YESS became operational in November 2007 and since inception has served 194 youth with 49 of those young adults being discharged either due to successful completion, reaching the age of 21, failure to meet the program agreements or refusal of services. During the period July 1, 2008 – June 30, 2009 (data reported as of 6/19/09), the program served 109 young adults with 49 of those being discharged during the same period (these are the same 49 as cited above; 43 of the discharges were for young adults. who began the program prior to July 1, 2008 and 6 were for young adults who started the program after July 1, 2008).

- **Training in Support of Youth Preparing for Independent Living:** The State provides training opportunities to foster and adoptive parents, group home workers and case managers through a variety of mechanisms. These programs are funded through public and private sources other than CFCIP.

  RICORP provides multiple training sessions throughout the year designed to assist workers in group home settings to understand better the issues facing youth who will need to prepare for independent living upon leaving state care. These included:

  - *Direct Care Staff Training:* Two (16 hour) sessions direct care staff, including 4.5 hours (each session) on working with adolescents, life skills programming and self sufficiency. 47 participants from 12 member agencies.
  - *Introduction to Residential Counseling* (3 credit college course): Total of 24 hours plus CPR/Crisis Intervention. 17 participants from 5 member agencies.
  - *Supervisors Training:* Three (14 hour) sessions for supervisory staff on working with youth in care including helping young adults reach their potential. 67 participants from 17 member agencies.

- *Brain Works Conference:* Focused on how staff can help youth who have experienced trauma to live fulfilling lives. 22 participants from 8 member agencies.
- *YESS Aftercare Services Provider Meetings:* Provided training and discussion on YESS model and information on finding apartments, medical coverage, case management, etc. 38 participants.

RIFPA does the same for foster and adoptive parents, including a New England Regional Foster Parent Conference they hosted in October 2008.

- **Consultation and Collaboration with Indian Tribes:** As reported in prior years, the Department has an active and positive relationship with the Child Welfare representative of the Narragansett Indian Tribe, which is Rhode Island's only federally recognized tribe. There are very few Indian youth involved with the Department. The Department provides written information about the CFCIP and other programs to the Narragansett Tribe.
- **Teen Grant Program:** The Teen Grant Program provides grants of up to $400 every 12 months for youth in foster care ages 14-18. Funding for this is through CFCIP and private fundraising conducting by RIFPA. RIFPA manages this contract for the Department. A committee reviews applications from youth. Youth who apply must identify the purpose and justify the need for it. Funded activities/items include things that youth who are not involved with the child welfare system might normally have paid by their parents: prom dresses, sports activities, music lessons, summer camps, computers, etc. During the period July 1, 2008 – June 19^{t,} 2009, RIFPA processed 436 teen grants serving 245 youth (359 of these teen grants serving 219 youth were processed during first 9 months of FFY 2009: October 1, 2008 – June 19, 2009).
- **Leveraged Opportunities:** The Department made significant strides in strengthening our relationships with sister state agencies and community partners over the past year. This in turn has provided us, directly and through our providers, greater opportunities to provide services to our older youth. Examples of this include:
  - RI Department of Labor and Training (DLT)Youth Workforce Development: The Department collaborates with the Department of Labor and Training (DLT) and DLT-funded efforts in several ways. We are a part of the DLT Shared Youth Vision, sat as a member of the planning commitment for DLT's new five-year strategic plan and now serve on the Interagency Oversight and Implementation Committee for this plan, we serve on the Youth Board of the Governor's Workforce Cabinet and the Director serves as a member of that Cabinet. The Department worked closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board to develop a streamlined process to ensure that youth involved with DCYF could access the summer jobs program funded through the American Reinvestment and Recover Act (ARRA). It is our understanding at this time that 40% of the youth enrolled in the summer jobs program are also involved with DCYF.
  - ASPIRE [Rhode Island's Jim Casey Youth Opportunities Initiative (JCYOI)]: DCYF Senior Managers, including the Director (2007) the Assistant to the Director (2007 & 2008) and our Permanency Team Leader (2008) participated in the 2007 and 2008 JCYOI Convenings. Several key DCYF staff members, including the

three listed above as well as staff from the RI Training School participate in the ASPIRE Community Advisory Board. ASPIRE is also directly linked to the Lifeskills Program through the financial literacy component of Lifeskills. Life Skills graduates are automatically enrolled in the ASPIRE Opportunity Passport Program without having to participate in separate ASPIRE financial literacy training.

- Runaway and Homeless Youth: The Assistant to the Director represents the Department on the state Office of Homelessness Board and the Homelessness Services Coordinating Council. The Director, or the Assistant to the Director in the Director's absence, represents the Department on the Housing Resources Commission. The Department, in collaboration with the Providence Housing Authority as the lead agency, submitted a Family Unification Program application in response to the December 2008 Notice of Fund Availability from the US Department of Housing and Urban Development. If approved (notice is still forthcoming), fifty (50) vouchers will be available for DCYF to use for either youth aging out of foster care or families ready to reunify with their children but who need housing. The Assistant to the Director also participated as a panelist in a May Forum sponsored by the Annie E. Casey Foundation and the Corporation for Supportive Housing. The purpose of the forum was to identify how foundations and philanthropic organizations could help provide financial and other resources to the state's supportive housing efforts.

- **National Youth in Transition Data Base Development:** The Department has to this point focused primarily on identifying modifications necessary to ensure that our SACWIS system is able to report on the outcomes for the served population. The Department intends to include in our Consolidated Youth Services RFP the requirement that the entity contracted to implement those services will be responsible to work with the Department to develop and implement the survey for the baseline and followup populations. Several of our providers who we believe will respond to the RFP are already conducting similar surveys with dramatic participation rates. The Department has been involved in numerous webinars and telephone conferences regarding NYTD and at this time has not identified any specific technical assistance needs.

FFY 2009 CFCIP Program Objectives Progress

In our last annual report, the Department outlined several key objectives for the year. Below is an accounting of our ability to meet those objectives:

- **Oversight:**

  Objectives for 2008-09:

  - **Increase the Department's ability to monitor programs funded through Chafee with a focus on achieving positive youth outcomes**
  - **Status:** The Department has increased our oversight of our programs for youth, including CFCIP funded programs. Our primary vendors are in the process of finalizing management information systems which will allow us to be more

effective in the areas of daily operational management, outcome measurement and strategic planning. Oversight of all CFCIP funded (and some non CFCIP funded) youth programs have been shifted to the Assistant to the Director. The Department has developed a draft RFP for contracting CFCIP and other youth funds but has yet to finalize it.

- **Participation Rate:**

  Objectives for 2008-09:

  - **Complete program review and develop modification plan by October 1, 2008**
  - **Status:** The Department has developed a draft Consolidated Youth Services RFP for contracting CFCIP and other youth funds but has yet to finalize it.
  - **Increase participation rate among foster youth by 10%**
  - **Status:** Last year we reported a rather low participation rate of 11% comparing the number of graduates against the number of youth age 16 or older in care. However, concerns have been raised about the methodology in determining this rate, including that we only counted those youth who completed during that year, not those who may have completed the Lifeskills program in a prior year. We therefore are not able to report a valid saturation rate this year but we believe it is more likely to be 50%-60%. As part of our National Youth in Transition Database (NYTD) development efforts, we plan to develop a method to more accurately track participation in this and other programs.
  - **Increase participation of group care providers and foster parents in embedding Lifeskills in daily living routines**

    Status: Some programs have made efforts to address this but it is still inconsistent across the Board. The Department has developed a draft Consolidated Youth Services RFP for contracting CFCIP and other youth funds but has yet to finalize it. This will include expectations on addressing this issue.

- **Youth Engagement: Objective for 2008-09:**

  - **Ensure youth are involved in program development and planning for youth services through the active engagement of existing youth boards**
  - **Status:** The Voice is a self-directed youth advocacy group formed collaboratively through RIFPA, RICORP and the ASPIRE Initiative. The Department has reached out to The Voice for youth involvement in planning and providing feedback to the agency. The Voice, with some technical assistance from the Department, submitted legislation this year to modify the state funded DCYF Higher Education Opportunity Incentive Grant Program so that the age criteria more closely resembles the federal Chafee Education and Training Voucher Program and to increase funding by $50,000 per year. Members of The Voice have participated in regional youth engagement and planning efforts with the New England Child Welfare Directors and Commissioners Association.

    Numerous DCYF staff have presented to meetings of the Voice as well as forums organized by The Voice. This includes the Director, Deputy Director, Assistant to

the Director and many others. The Voice has also provided feedback to the Department on policies and informational packets (e.g., webpage). Members of The Voice participated in the planning retreat for the preparation of Rhode Island's new five year Child and Family Services Plan.

- **Coordination:**

  Objective for 2008-09:

  - **Ensure services are coordinated for youth involved in multiple DCYF funded/managed programs (i.e., YESS, ETV)**
  - **Status:** The various Chafee, state and privately funded programs operated by RICORP and RIFPA are well coordinated with each other. Examples of this level of coordination are identified elsewhere in this document. Additionally, the YESS program staff works closely with the staff who manage the DCYF Postsecondary Tuition Assistance Program to ensure that each program adds value to the other while reducing the duplication of services and supports.
  - **Ensure DCYF's youth development programs are effectively connected to programs funded/managed through other public and private agencies (i.e., Dept. of Labor and Training)**
  - **Status:** The Department and our youth providers have developed strong relationships with other key state public agencies, including the Department of Human Services, the Department of Mental Health, Retardation and Hospitals, the Department of Health, the Department of Labor and Training, the Department of Elementary and Secondary Education, the Office of Housing and Urban Development; Rhode Island Housing; and the Office of Higher Education. The Department and our youth providers also have strong relationships with the student support and financial aid services at the Community College of Rhode Island, Rhode Island College and the University of Rhode Island. Additionally, the Department and our providers collaborate with numerous private providers, advocacy organizations and foundations including but not limited to the Children's Policy Coalition, RI KIDS Count, the Corporation for Supportive Housing, Casey Family Services and most of the various Casey foundations.

Chafee Education and Training Voucher Program

Accomplishments

Rhode Island's commitment to ensuring that foster care and former foster care youth have access to postsecondary educational opportunities continues to grow and expand while at the same time we are addressing some of our shortfalls. ETV funding can be used for any postsecondary educational and training program that is approved by the US Department of Education for Title IV student assistance programs with a cap of $5,000 per student per academic year. Our ETV allocation for Federal Fiscal Year (FFY) 2009 is $245,391. DCYF Higher Education Grant Program funding, an annual allocation of $200,000 can be used only for full-time students attending one of Rhode Island's three public higher education institutions – the University of

Rhode Island (URI), Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). There is no per student cap on these state funds at this time.

Youth and young adults interested in receiving postsecondary educational funds must complete their FAFSA and a DCYF Postsecondary Education Tuition Assistance Program application no later than June 1st of each year. Late applications may be considered but only if funds are available after funding levels are determined for on time applicants. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e..g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible based on available funds and the total number of youth participating. **For youth attending the Community College of Rhode Island, Rhode Island College and the University of Rhode Island, DCYF in past years has been able to cover all of the further unmet need before loans using a combination of these two subprograms. However, due to rising college costs and annual increases in the number of applicants, the Department was not able to continue this practice for the 2009-10 Academic Year. The Department will be developing a mechanism to set a cap on the total funds a student can receive for subsequent academic years.**

For the 2008-2009 academic year, the Department provided educational funds to 107 young adults who attended 19 postsecondary educational programs. This assistance totaled $449,225 from all funds [ETV Funds - $274,607; DCYF Higher Education Funds – $174,618]. The average ETV award was $3,710 dollars and the average $3,175.

Objectives for 2008-09:

- **Increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program**
  - **Status:** More extensive outreach has been made to youth. Emails were sent to all DCYF workers three times during the year (Fall, Winter, Spring) explaining the program and encouraging staff to have eligible youth apply. Presentations were conducted with The Voice on several occasions and numerous impromptu presentations were made. Additionally a Youth Development webpage was added to the Department's website with this information and access to the application.
- **Increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth**
  - **Status:** This Advisory Board has met more frequently but our focus has primarily been on improving the current system. The Advisory Board did provide input into the legislation to modify the state funded higher education assistance program for DCYF involved youth.
- **Develop and implement a more effective system for coordinating and disbursing higher educational funding, including ETV funds.**

- **Status:** The Department is anticipating entering into a memorandum of agreement with the RI Higher Education Assistance Authority in the next few months which will move us much closer to achieving this objective.

DCYF Postsecondary Grant Funding for FY 2009

School	*ETV Funds Only*	*DCYF Higher Ed Funds Only*	*ETV & DCYF Higher Ed*	*Total # Students*
Community College of RI	3	10	30	43
Rhode Island College	0	0	9	9
University of Rhode Island	2	0	22	24
Arthur Angelo The Professional School	2	0	0	2
Bristol Community College	1	0	0	1
Empire Schools	1	0	0	1
Johnson & Wales University	4	0	0	4
Joliet College	1	0	0	1
Lamson College	1	0	0	1
Lincoln Technical Institute	7	0	0	7
MotoRing Technical Training Institute (MTTI)	4	0	0	4
Mt. Wachusett Col.	1	0	0	1
New England Technical Institute	3	0	0	3
Paul Mitchell	1	0	0	1
Ramapao College	1	0	0	1
Roger Williams University	1	0	0	1
St. John's College	1	0	0	1
Unity College	1	0	0	1
Utah Valley	1	0	0	1
Total	36	10	61	107

Financial and Statistical Information Reporting

Fiscal Year 2007 – Chafee estimated - $ 620,967 expended $ 733,730
ETV estimated - $ 211,973 expended $ 253,122

Number of Recipients of ETV Funds		
	Fiscal Year	# of Recipients
Initial Voucher	2008	39
Total Participants	2008	100
Initial Voucher	2009	33
Total Participants	2009	97

Fund Administration

The Department currently uses the RI Council of Resource Providers (RICORP) as the fiscal agent for both our Higher Education Opportunity Grant Program and for the ETV Program. Applications for funding are made to our Assistant to the Director and determinations on funding amounts are made by the Assistant to the Director in consultation with RICORP. RICORP disburses funds directly to each school. Both the Assistant to the Director and RICORP troubleshoot issues which arise.

The Department has been in consultation and negotiation with RIHEAA to transfer the management of all of our Postsecondary Tuition Assistance funds to RIHEAA. This will allow for more effective and efficient integration with the FAFSA and existing data infrastructures for sharing information with postsecondary institutions. We anticipate this will reduce the amount of information that the youth now needs to provide us in the form of paper copies (i.e., financial aid award letters) and will greatly enhance our ability to collect data and report outcomes. We anticipate a signed memorandum of agreement with RIHEAA by September 2009 and the system operational for the 2010-11 academic year.

Goal V – Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families

Accomplishments:

- Established a quality assurance function within DCYF to:
  - work with FSU supervisors in tracking performance on Child and Family Service Review outcome objectives for safety, permanency and well-being
  - organize and implement Regional CFSR case reviews based on Federal CFSR
- Developed and implemented the Family-Centered Risk and Protective Capacity Assessment tool; continuing training across disciplines
- Enhanced the RICHIST data collection capacity and interface functionality with other data systems; e.g., Federal Parent Locator System with DHS and Family Court case tracking activities
- Developed and implemented new core pre-service and in-service training modules for child protective investigators; social caseworkers; child support technicians; juvenile program workers
- Developed and implemented competency training for supervisors
- Developed and implemented specific training related to CFSR case review findings for areas needing improvement/performance indicators
- Participated in National Child Welfare Leadership Institute to develop a communication plan/strategy to support the Department's transformation toward an integrated system of care.

The Department established a quality assurance function in the Director's Office in late 2005. This operation has been specifically focused on implementing a case review process in the DCYF regions which substantially mirrors the Federal CFSR. This QA function conducted two rounds of Regional "mini" case reviews as part our PIP implementation. The first was in a five month period between February and June in 2006; the second round was conducted between October 2007 and May 2008. In both series of Regional case reviews, there were 42 cases randomly selected. In 2006, there were 22 foster care cases and 20 in-home cases. In the second review, there were 20 foster care cases and 22 in-home cases. In both of the Regional CFSRs, the teams were comprised of DCYF staff and community representatives.

Quality Assurance –

The Department implemented a monthly case review process for Regional supervisors in the Family Service Units and the Administrative Review Unit in March 2007. This regularized quality assurance mechanism is designed to supplement the regional Child and Family Service Review Process. The primary purposes of the supervisory monthly reviews is to 1) implement a standard supervisory tool across DCYF that reinforced and institutionalized quality assurance in the areas of safety, permanency, and well-being and 2) to increase the number of cases reviewed beyond the regional CFSR. Each month, the RICHIST system generates a random sample of in-home and out-of-home cases assigned for Regional supervisors and Administrative Review Unit staff.

From the list of cases, FSU supervisors review 1 in-home case per month and ARU staff review 1 out-of-home case per month. The cases are rated using an abridged version of the

Federal CFSR instrument; the streamlined version reduced completion time and increased participation among supervisors and ARU reviewers. As the FSU supervisors review one in-home case per month, cases are rated on the safety and well-being sections. Each ARU reviewer rates 1 out-of-home case per month on safety, permanency, and well-being areas. As part of quality assurance, our quality assurance coordinator reviews a random sample of scored instruments and provides feedback to reviewers. The rated instruments are entered into a database and aggregated for quarterly reports at the state level and regional level.

The Department tracks participation in the monthly case review QA process based on quarterly periods. Slowly, participation increased among the supervisors and the ARU reviewers as feedback allowed for greater understanding and appreciation of the process. The first quarter (calendar year) of 2008 reflected a 28% increase in CFSR monthly supervisory review participation among FSU supervisors as compared to the last quarter (calendar year) of 2007. As of the end of the 2008 Q1, on the Department level, a 50% participation among FSU supervisors was reached. A goal of 75% participation rate was established for calendar year 2008. This past April 2009, the Department reached 100% participation across the Regions – 35 in-home cases and 3 out-of-home cases being reviewed for the month (figures based on present staff levels).

The Department recognizes that 100% participation each month may not be sustainable, given recent staffing reductions due to retirements, transfers and other increased staffing responsibilities. However, it is encouraging that staff across the Department are now fully involved in the process; understand the purpose and value of the monthly QA reviews. This is particularly helpful as DCYF prepares for its next Federal Child and Family Service Review scheduled for April 2010.

Administrative Review Unit –

Also, with the establishment of the QA function, the Department implemented a new format for the Administrative Review Unit to use in its six month review of foster care cases. This format continues to be reviewed as it is being put into practice in order to improve its functionality and make the process as user friendly as possible, so that it can be automated in the RICHIST system.

The forms combine language from reviewer instruments for both the CFSR on-site and Foster Care tools – addressing issues across 16 domains which include:

- Agency involvement
- Child safety
- Child needs and services
- Foster placement – needs and services
- Service planning
- Family visitation and stability of placement
- Agency visits with child
- Agency visitation pattern
- Case assessment
- Reasons for changing placement
- Parents' needs
- Child connections – parents/siblings/relatives/community
- Service plans/permanency goal
- Case barriers
- Further agency action needed to achieve permanency
- Case determination

Training –

The Department, through the Child Welfare Training Institute, maintains its commitment to ensuring that supervisors in Family Service Units and Juvenile Probation staff have the skills, knowledge, and experience to provide effective leadership to promote improvements in safety, permanence and well-being for children, youth and families. Further, DCYF is working to ensure a stronger support system for foster parents that will improve their skills, knowledge, and experience to ensure a safe and nurturing environment for children in their care.

In 2007-2008, the Department implemented additional core training modules for Social Caseworker II classifications in the Family Service Units, and for Child Support Technicians (CST). The additional modules provide a Core III in-service training for Social Caseworker II staff, and a Core I Pre-Service and Core II In-Service curricula for CSTs. Through a more intensified training for CSTs, the Department is focusing on its need to expand capacity within its family service units and this effort is increasing the role and responsibilities of the CSTs to support shared responsibilities and a team approach to casework. The team concept is particularly relevant as DCYF identifies strategies to improve its performance with monthly caseworker visits with children. The IV-E Training Plan has also been updated to include the additional core curricula for the child support technicians and social caseworker II classifications.

Over the past two years, the Department and Family Court worked collaborative to implement the Court Improvement Program (CIP) training grant – providing information to Judges, magistrates, legal staff and CASA attorneys regarding the family-centered Risk and Protective Capacity Family Assessment. DCYF attorneys were trained on April 11, 2008. Another session was held for the Court on July 10, 2008 with a follow up meeting on December 17 with the judges sitting on the DCYF calendar. In October 2008, Casa attorneys and social workers were trained. On May 1, 2009 – parents' rights attorneys with the Public Defender's Office and RI Legal Services.

Also, as part of the CIP Training initiative, the Child Welfare Institute in collaboration with Rhode Island College's School of Social Work, is working with the Family Court to develop a multi-disciplinary training to improve understanding of the various mental and behavioral health evaluations that can be requested by judges and magistrates. This initiative is known as *Developing Partnerships Across Systems*, and it will serve to help clinicians better understand the expectations that the Court has in ordering evaluations of parents and/or children; and therefore, help clinicians to better inform judges on matters before the Court relating to clinical evaluations.

National Child Welfare Leadership Institute –

The Department participated in one of the National Child Welfare Leadership Institutes held in Seattle, Washington in June 2008, sponsored by the Social Research Institute in the College of Social Work at the University of Utah. This Leadership Institute is formed through a cooperative agreement with the University of Utah and the Children's Bureau to promote leadership within the selected child welfare agencies designed to enhance efforts to improve child welfare outcomes.

With our system transformation actively evolving through the establishment of the FCCPs, the Department saw this opportunity as a way to develop and strengthen a communication strategy to assist in providing all stakeholders (internal and external) with the necessary information to ensure their understanding, comfort level, and participation in the evolution of this system of care.

A site visit by the Leadership Institute was held on May 21, 2009, which was designed to assist the Department in its preparation for implementation of Phase II of the System of Care. Members of the Department's administration and line staff across the Divisions were invited to participate in group activities focusing on practical and procedural issues that will inform the transformation process; e.g., adjustments needed to ensure the Risk and Protective Capacity Family Assessment and Service Plans can be integrated with Wraparound Service Plans; emphasis on non-negotiable requirements relating to child safety; etc. The product from the work groups will be useful in assisting the Department in further defining and developing an effective communication/implementation strategy.

TITLE IV-B CHILD AND FAMILY SERVICE PLAN – 2010-2014

The Department convened a two day strategic planning retreat on February 26 and 27, 2009 with broad representation from external stakeholders. There were seventy seven (77) attendees on the first day and fifty four (54) attendees on the second day. Work groups were formed for specific areas relating to the Department's responsibilities in relation to the continuum of care and services.

In the existing five year plan (2005 – 2009), the Department had identified five (5) overarching goals. For this new five year plan, the number of overarching goals has been consolidated into four:

Goal I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

Goal II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

Goal III: Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.

Goal IV: Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.

The first goal refocuses and reinforces the Department's commitment to establish a continuum of services within a fully integrated System of Care for children, youth and families. The attendees at the planning retreat were given an overview of DCYF's progress over the past five years in targeted areas relating to child safety, permanency and well-being as referenced previously in this document.

During the two days of the retreat, attendees were asked to participate in work groups that were specifically focused on areas within the four goals to assist in identifying feasible strategies that can improve outcomes for children and families across systems. The organizing theme for attendees in approaching this work was SOAR:

- **S**trength – acknowledge what is working well
- **O**pportunity – identify what is available to further improvement
- **A**spiration – think broadly about the possibilities
- **R**esults – focus on what is more readily achievable within resource limitations

Each of the work groups was asked to develop their brainstorming into manageable lists of objectives, action steps, shared responsibilities, and outcomes. From this work, the Department further refined the product from the work groups, organizing their recommendations into a planning document which was then distributed for further review and comment from the retreat participants.

The resulting five year plan contains a broad view of the Department's objectives and strategies under each of the goals. These are designed to achieve steady measurable progress toward improving systemic and programmatic functions. The Department is also mindful of the upcoming Federal Child and Family Service Review which is scheduled for April 2010. In this context, the Title IV-B Child and Family Service strategic plan is preliminary at this point. Once the CFSR is completed, and the Department has developed its Program Improvement Plan, the Title IV-B Plan will be adjusted to incorporate the requirements of the PIP. The action steps that will be required in the two year span of the PIP will be reported on in the Annual Progress and Services Report (APSR) and continued as part of the 5 year Child and Family Service Plan.

As referenced earlier, in January 2009, the Department formed a Child Welfare Advisory Committee co-chaired by Rhode Island Kid's Count. This advisory body is representative of a cross-section of contracted provider agencies (residential and home-based), advocacy organizations and the Rhode Island College School of Social Work. This group is assisting DCYF with its preparation for the Statewide Assessment and 2010 CFSR, as well as helping to maintain a continuing focus on the system-wide performance as it relates to the seven national child welfare outcomes:

1. Reduce recurrence of child abuse/neglect (repeat maltreatment)
2. Reduce incidence of child abuse/neglect in foster care
3. Increase permanency for children in foster care (exit to reunification, adoption or legal guardianship
4. Reduce time in foster care to reunification without increasing re-entry
5. Reduce time in foster care to adoption
6. Increase placement stability
7. Reduce placements of young children (=/< 12) in group homes/institutions

TITLE IV-B CHILD AND FAMILY SERVICE 5 YEAR PLAN
2010 – 2014

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

	2010 ⇨ 2014	Measure of Progress	Outcome/Indicator
Objectives	**Activities**		
1.1 Promote ongoing activities for prevention of child maltreatment	1.1a.1 Establish an organized, statewide movement to promote prevention of child maltreatment and remaltreatment using community-based organizations. 1.1a.2 Implement Regional prevention awareness campaigns through the FCCPs and Family Community Advisory Boards (FCABs). 1.1a3 Expand training opportunities through Breakthrough Series on Risk and Safety.	In 2010 and continuing, there will be prevention focused campaigns implemented by each Family Care Community Partnership Network. o Decrease recurrence of maltreatment	**Safety-1:** Children are first and foremost, protected from abuse and neglect **Safety-2:** Children are safely maintained in their homes when possible and appropriate
1.2 Promote systems reform activities for the handling of child maltreatment cases to reduce further trauma to children.	1.2a.1 Improve communication across systems. 1.2a.2 Explore ways to improve awareness/understanding of roles and responsibilities among stakeholders within the legal community and DCYF staff. 1.2a.3 Ensure multidisciplinary training opportunities to promote awareness/understanding of relevant topical issues that are designed to reduce additional trauma to child victims. 1.2a.4 Ensure continued meaningful	By 2011, database interfaces will be operationalized to facilitate improved coordination of scheduling and case management across systems. By 2010, first series of multidisciplinary training opportunities will be identified/held.	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being Outcome 1:** Families have enhanced capacity to provide for children's needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor IX**: Agency responsiveness to the Community.

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

	2010 ⇨ 2014	Measure of Progress	Outcome/Indicator
Objectives	**Activities**		
	collaboration with DV advocates to assist child protection investigators in responding to situations involving domestic violence.		
1.2 Promote systems reform activities for the handling of child maltreatment cases to reduce further trauma to children.	1.2b Enhance existing diversion track for investigated cases that do not require filing a Court Petition.	By 2010, Risk Management Plan utilization will be enhanced between CPS and community-based providers. By 1st Qtr of SFY 2010, baseline will be established for families averted from DCYF involvement. o Ongoing – reduced number of families opening to DCYF without recurring involvement.	**Safety-1**: Children are first and foremost, protected from abuse and neglect. **Permanency-1:** Children have permanency and stability in their living situations. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being-1:** Families have enhanced capacity to provide for children's needs. **Well-Being-2:** Children receive services to meet their educational needs.
	1.2c Establish alternative process for handling child maltreatment cases that utilizes the Family-Centered Risk and protective Capacity Family Assessment tool as a base.	By 2011, Court Improvement Program activities will reflect this progress. Reduce time in foster care to reunification without increasing re-entry	**Permanency-2:** The continuity of family relationships and connections is preserved. **Systemic Factor V:** Case Review System
	1.2d.1 Continue to work with the Court Improvement Program (CIP) to improve the process for use of clinical evaluations presented to Family Court. 1.2d.2 Complete assessment of clinical evaluations ordered by Family Court versus evaluations ordered by Department social	By 2011, CIP activities and recommendations regarding Department policy will reflect this progress. o Reduce placements of young children (=/< 12) in group homes/institutions o Increase permanency for children in foster care (exit to reunification,	**Safety-2:** Children are safely maintained in their homes when possible and appropriate. **Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-3:** Children receive services to

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

	2010 ⇨ 2014	Measure of Progress	Outcome/Indicator
Objectives	**Activities**		
	workers to determine if process should be revised.	adoption or legal guardianship	meet their physical and mental health needs.
1.3 Improve agency collaboration and service array among all systems.	1.3a Increase capacity for evidence-based service models throughout the State by procuring new service proposals.	○ Reduce recurrence of child abuse/neglect (repeat maltreatment) ○ Increase permanency for children in foster care (exit to reunification, adoption or legal guardianship ○ Reduce time in foster care to reunification without increasing re-entry	**Safety-1:** Children are first and foremost, protected from abuse and neglect **Safety-2:** Children are safely maintained in their homes when possible and appropriate **Permanency Outcome-2:** The continuity of family relationships and connections is preserved. **Well-Being Outcome 1:** Families have enhanced capacity to provide for children's needs. **Systemic Factor-VIII:** Service Array
	1.3b. Enhance implementation of Wraparound principles and service linkages through Family Care Community Partnerships.	○ Reduce recurrence of child abuse/neglect (repeat maltreatment) ○ Reduce placements of young children (=/< 12) in group homes/institutions	**Safety-1**: Children are first and foremost, protected from abuse and neglect. **Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-1:** Families have enhanced capacity to provide for children's needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor-VIII:** Service Array
	1.3c. Promote sustainable funding for services tailored to child and family needs. ○ Continue working with EOHHS and community partners to rebalance service capacity development to ensure sufficient capacity; availability and accessibility for child and family	○ Reduce recurrence of child abuse/neglect (repeat maltreatment) ○ Reduce placements of young children (=/< 12) in group homes/institutions ○ Further reduce/eliminate distant out-of-state placements	**Permanency-1:** Children have permanency and stability in their living situations. **Safety-1**: Children are first and foremost, protected from abuse and neglect. **Safety-2:** Children are safely maintained in their homes when possible and appropriate.

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

	2010 ⇨ 2014	Measure of Progress	Outcome/Indicator
Objectives	**Activities**		
	support needs.		**Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor-VIII:** Service Array
1.4 Ensure further reduction in residential placements as appropriate through increased home and community-based services.	1.4a. Implement Phase II of the System of Care - establish wraparound approach to residential programs by 1st Quarter of SFY 2011.	Phase II of the SOC contracts are signed; services begin. By 2012, there will be sufficient capacity within the service continuum – home and community through in-state and nearby out-of-state placements – to eliminate the need for distant out-of-state placement options.	**Safety-1**: Children are first and foremost, protected from abuse and neglect. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being-1:** Families have enhanced capacity to provide for children's needs. **Well-Being-2:** Children receive services to meet their educational needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor-VIII:** Service Array

GOAL II: Promote permanency, including by not limited to adoption and legal guardianship, when reunification is not achievable.			
	2010 ⇨ 2014	**Measure of Progress**	**Outcome/Indicator**
Objectives	**Activities**		
2.1 By 2010, there will be improved performance in permanency planning activities.	2.1a.1 Work with Family Court to improve timely permanency outcomes. 2.1a.2 Increase awareness and understanding of permanency options. o Increase training opportunities for DCYF social work staff and providers regarding policies for permanency options o Involve older youth in training/discussions o Educate stakeholders and staff about Permanency Support Teams – access assistance. 2.1a.3 Ensure inclusion of children, youth and family voice/choice in permanency planning.	o Increase permanency for children in foster care (exit to reunification, adoption or legal guardianship o Reduce time in foster care to reunification without increasing re-entry o Reduce time in foster care to adoption o Parents' signatures on Risk and Protective Capacity Family Assessments and Service Plans. o ARU reports will demonstrate inclusion of children/youth and families.	**Permanency-1:** Children have permanency and stability in their living situations. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being Outcome 1:** Families have enhanced capacity to provide for children's needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System **Systemic Factor VIII:** Service Array **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention.
	2.1b Ensure systemic support to reduce the number of foster care disruptions. o Improve matching function within DCYF to ensure accuracy of information for child characteristics and placement criteria. o Continued/enhanced emphasis on relative and kinship placements. o Explore feasibility of involving youth in choosing foster placement/visiting resources through FTF meetings – pre-placement visits. o Implement additional clinical and service supports for foster parents.	o Increase placement stability o Increase permanency for children in foster care (exit to reunification, adoption or legal guardianship o Reduce time in foster care to reunification without increasing re-entry o Reduce time in foster care to adoption o Increased identification and utilization of relative/kinship foster care placements	**Permanency-1:** Children have permanency and stability in their living situations. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System **Systemic Factor VIII:** Service Array **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention.

GOAL II: Promote permanency, including by not limited to adoption and legal guardianship, when reunification is not achievable.			
	2010 ⇨ 2014	**Measure of Progress**	**Outcome/Indicator**
Objectives	**Activities**		
2.2 By 2010, performance will be improved in foster and adoptive parent recruitment, retention and support activities.	2.2a Enhance post-permanency supports; e.g., subsidies and access to competency trained providers relating to the dynamics of adoption. o Ensure inclusion and meaningful participation of youth, family and community in adoption planning.	o Reduce time in foster care to adoption. o Increase number of legal guardianships.	**Permanency-1:** Children have permanency and stability in their living situations. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System **Systemic Factor VIII:** Service Array **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention.
	2.2b Improve diversity recruitment in communities of color: o Identify barriers to completion of application process. o Develop approach to address need.	o By 2011, % of recruitment to license completion among diverse populations is increased. o Strategies are implemented to effectively address issues identified.	**Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention. **Systemic Factor VII:** Training **Systemic Factor IX**: Agency responsiveness to the Community.
2.3 Establish "permanency" as the primary goal for all youth in care.	2.3a Promote change in agency culture to better understand permanency options beyond IL or OPPLA. o Agency-wide communication strategy o Staff training	o Track results of Regional Permanency Support Teams o Increase permanency for children in foster care (exit to reunification, adoption or legal guardianship o Reduce time in foster care to reunification without increasing re-entry o Reduce time in foster care to adoption	**Systemic Factor VII:** Training **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention. **Permanency-2:** The continuity of family relationships and connections is preserved. **Well-Being Outcome 1:** Families have enhanced capacity to provide for children's needs.
	2.3b Ensure that youth have a voice in permanency planning decisions.	o Track results of Regional Permanency Support Teams o ARU reports will demonstrate inclusion of children/youth and families.	**Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System

GOAL III: Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.

	2010 ⇨ 2014	Measure of Progress	Outcome/indicator
Objectives	**Activities**		
3.1 Improve educational stability across the life cycle for children in care.	3.1a Ensure that children birth to 5 in DCYF care are adequately prepared and supported for educational achievement.	○ Increase placement stability ○ Children will be linked with Early Intervention and Child Find resources as appropriate	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-2:** Children receive services to meet their educational needs.
	3.1b Ensure that children between 5 and 14 years of age are adequately prepared and supported for educational achievement.	○ Improved coordination with school systems to ensure continuity of education.	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-2:** Children receive services to meet their educational needs.
	3.1c Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	○ Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-2:** Children receive services to meet their educational needs. **Systemic Factor VII:** Training
3.2 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	3.2a Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	○ Increase placement stability ○ Improved rate of participation of DCYF youth in services and supports ○ Establish baseline rate of participation re: access and service coordination between DCYF, DHS and RIDE	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-2:** Children receive services to meet their educational needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System
	3.2b Establish services for youth who may not be eligible for current aftercare services and/or adult services.	○ Identify population service needs through data query(ies). ○ Involve career development community in transition planning for youth.	**Well-Being-2:** Children receive services to meet their educational needs.

Goal IV: Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.			
	2010 ⇨ 2014	**Measure of Progress**	**Outcome/Indicator**
Objectives	**Activities**		
4.1 Improve systemic support for foster parents.	4.1a Ensure that all foster parents have access to a peer support network.	○ Reduce incidence of child abuse/neglect in foster care ○ Increase placement stability	**Permanency-1:** Children have permanency and stability in their living situations. **Well-Being-2:** Children receive services to meet their educational needs. **Well-Being-3:** Children receive services to meet their physical and mental health needs. **Systemic Factor V:** Case Review System
	4.1b Ensure that all foster parents have necessary and sufficient material support.		
	4.1c Include foster parents as active members of the child/youth/family team.		
4.2 Enhance training opportunities offered through the Child Welfare Institute.	4.2a Build on existing core training modules at CWI to adapt to foster care issues.	○ New training modules developed/implemented. ○ Reduce incidence of child abuse/neglect in foster care. ○ Increase placement stability.	**Permanency-1:** Children have permanency and stability in their living situations. **Systemic Factor VII:** Training **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention.
	4.2b Establish a diversified consortium to develop training that is representative of the multiple interested parties. ○ Develop process for CWI to provide inter-disciplinary training to respond to needs/trends re: in-care concerns.	○ New training modules developed/implemented. ○ Reduce incidence of child abuse/neglect in foster care. ○ Increase placement stability.	**Permanency-1:** Children have permanency and stability in their living situations. **Systemic Factor VII:** Training **Systemic Factor X:** Foster and Adoptive Parent Licensing, Recruitment and Retention.
	4.2c Coordinate statewide information sharing and training opportunities for all stakeholders.	○ Better coordination of training activities through increased training awareness and participation.	**Systemic Factor VII:** Training

Chafee Foster Care Independence Program Plan 2010-2014

The Department for Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the CFCIP Program, including the NYTD requirements and the ETV program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully.

While successful to some degree, DCYF recognizes that our CFCIP service delivery system can and must be improved in order to increase positive outcomes for youth in care and youth exiting care. DCYF has determined that the most effective way to accomplish this is to develop and implement a Consolidated Youth Services (CYS) Program which will be funded through a combination of federal CFCIP dollars and state general revenue dollars. The program will be operated and managed by a non-governmental, community-based agency to be identified through a competitive bidding process.

Through this program, DCYF seeks to provide comprehensive youth development services, directly or through access to existing services funded through other agencies, which address the employment, educational and life skills needs of youth who have a variety of strengths and challenges. Through the CYS Program, it is the intent of DCYF to assist each youth in achieving the highest level of education, employment and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. This program will also be responsible for assisting the Department in implementing the requirements of the National Youth in Transition Database which will support the Department's cooperation in national evaluations of the effects of programs in achieving the purposes of the CFCIP.

The CYS Program will be designed to ensure that older youth in the care and custody of the Department are provided the tools, resources and opportunities which will increase the likelihood that they will successfully transition from DCYF care. Services will be available to all youth age 16-20 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which they reside. However, when appropriate, younger youth could be served through the CFCIP funded services. Chafee ETV eligibility is discussed in that section.

The Department anticipates that the following direct and/or indirect services will be included in the CYS Program:

- **Support Services to Youth, including services focused on assisting youth with transitioning to self-sufficiency, and Adolescent Support services to DCYF staff to include:**
  - Assisting youth with transitioning to self-sufficiency

- Provide personal and emotional support to youth aging out of foster care through mentors and the establishment of permanent connections to dedicated adults; and
- Either directly or through collaboration with other agencies, providing financial, housing, counseling, employment, education and other appropriate services to former foster care recipients between the ages of 18-21 to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

- **Life Skills Assessment and individualized Life Skills Education**
- **Educational Services and Supports, including preparing youth for and helping youth access post-secondary training and educational institutions and providing youth with financial supports for these purposes;**
- **Employment/Vocational Development Services**
- **Assistance with Implementation of NYTD**
- **Youth Advocacy/Youth Board**
- **Staff Development and Training in Youth Development for DCYF and provider staff**
- **Program Evaluation and Continuous Quality Improvement**
- **Medicaid Services for Youth Aging Out of Foster Care:** Through a collaboration with our state Medicaid agency, the RI Department of Human Services (DHS), DCYF continues to provide Medicaid coverage to youth aging out of foster care on their 18th birthday until their 21st birthday regardless of income. There is a requirement that youth "re-apply" annually with Medicaid simply as a way of verifying that they continue to be Rhode Island residents. Additionally, DCYF will continue to use state funds through our CYS program to provide health insurance coverage through private pay Blue Cross/Blue Shield Insurance to youth who do not qualify for Post Foster Care Medicaid Coverage (e.g., undocumented immigrant status, living out of state).

Room and Board can include rent, rental deposits and utilities based on the identified needs of the individual youth. This definition does not include the costs of room and board for when a youth is attending college on a full or part time basis if those costs are covered through educational funding streams such as federal grants and loans or Chafee ETV funds.

The State of Rhode Island has never used CFCIP funds for the cost of room and board for youth, including for youth who have left foster care at age 18 and have yet to reach the age of 21, and we do not intend to change that practice. Former foster youth who leave our system at age 18 and have yet to reach the age of 21 are offered access to a voluntary aftercare services program, currently known as YESS, which does provide participating youth with assistance with room and board costs as appropriate to the individual needs of the youth. These costs are paid for using state general revenue funds only. Generally participants are provided a higher level of housing supports upon entering the program and these supports are reduced over time based on the increasing income of

the youth. This program can offer emergency assistance with food costs if necessary but generally youth are assisted in accessing income support services for which they may be eligible through other agency's.

These aftercare services are incorporated into the CYS Program described above.

Goal 2010-2014

Goal 1: The Department will issue and award a Consolidated Youth Services RFP.

- **Finalize Consolidated Youth Services RFP by September 1, 2009, post for bidding by October 1, 2009, review bids and award contract by November 15, 2009. (2010)**
- **Initiate program by January 1, 2010. (2010)**
- **Ensure effective development and implementation of new program through monitoring, data collection/analysis and quality assurance (Ongoing: 2010-2014)**

Goal 2: The Department will develop and implement a process to ensure effective implementation and compliance with the National Youth in Transition Database requirements. (2010-2011)

- **Identify SACWIS modifications needed to implement NYTD and develop schedule to make modifications, train staff and implement by January 1, 2010.**
- **Conduct test of reporting module for "Served Population" Reporting by June 30, 2010 and make necessary modifications (2010)**
- **In conjunction with the CYS Program and youth advisors, develop and implement a survey tool and process for ensuring youth in the 1st cohort baseline population complete the survey (2010).**

Goal 3: The Department will meet the expectations of NYTD on an annual basis (2010 - 2014)

- **Ensure ongoing served population reporting requirements are met (Ongoing: 2010-2014)**
- **Use data from served population reports and surveys to inform and improve practice within DCYF and with external partners (Ongoing:20100-2014)**
- **Implement survey with 1st cohort with the goal of achieving these identified participation rates in each reporting year: 2011- 80% in care youth and 60% out of care youth; 2013 – 85% in care youth and 65% out of care youth; 2015 – 90% in care youth and 70% out of care youth**
- **Evaluate survey tool effectiveness and survey process to identify strengths and improve upon challenges (2012)**
- **Implement survey with 2nd cohort with the goal of achieving these identified participation rates in each reporting year: 2014- 95% in care youth and 75%**

out of care youth; 2016 – 95% in care youth and 80% out of care youth; 2018 – 95% in care youth and 85% out of care youth

Budget

FFY2009 Allocation	**$729,750.00**
Revenue/Expenditure Description	**Amount**
IL Coordinator	$ 86,601.00
Consultant & Technical Assistance	$ 90,684.36
RICORP Lifeskills	$293,075.00
Teen Grant	$105,000.00
Real Connections	$ 50,000.00
Adolescent Support Services	$ 28,389.52
National in Transition Database (NYTD) Implementation	$ 76,000.12
Audit	$ 404.52

While the above expenses were anticipated to be spent in the first year of the FFY 2009 allocation, not all expenses have been realized in that first year. The following items have not yet been expended but the Department continues to anticipate using the identified funds for the indicated purposes primarily through the issuance of a Consolidated Youth Services RFP: Consultant and Technical Assistance ($90,684.36), Adolescent Support Services ($28,389.52), and NYTD Implementation ($76,000.12 – some of these funds will be used to assist the Department in modifying our SACWIS system to meet the NYTD requirements).

FFY2010 Allocation (anticipated)	**$729,750.00**
Revenue/Expenditure Description	**Amount**
IL Coordinator	$ 86,601.00
Consultant & Technical Assistance	$ 90,684.36
RICORP Lifeskills	$293,075.00
Teen Grant	$105,000.00
Real Connections	$ 50,000.00
Adolescent Support Services	$ 28,389.52
National in Transition Database (NYTD) Implementation	$ 76,000.12
Audit	$ 404.52

The Department anticipates that we will need to submit a revised FFY 2010 Budget when we determine the final funding to be used for the Consolidated Youth Services RFP.

Chafee Education and Training Voucher Program
Planning for 2010 – 2014 –

Objectives for 2010-14:

- **Finalize partnership with the RI Higher Education Authority to manage the DCYF Postsecondary Education Tuition Assistance Program in order to streamline the process for applicants (2010)**
- **Identify a mechanism and/or formula to institute a per student per year maximum award amount in order to meet the needs of the greatest number of youth with the available funding**
- **Continue to increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program (Ongoing: 2010-2014)**
- **Continue to increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth (Ongoing: 2010-2014)**
- **Continue to develop and implement a more effective system for coordinating and disbursing higher educational funding, including ETV funds (Ongoing: 2010-2014)**

INDIAN CHILD WELFARE ACT
Strengthening the Indian Child Welfare Collaboration Team

- Systemic Factor IX – Agency Responsiveness to the Community.

The Department promulgated a new policy regarding the Indian Child Welfare Act on December 29, 2006, and a subsequent revision was made for additional clarity to ensure Tribal preference is honored in the placement of Native American children.

In prior discussions with the Tribal representative, it was agreed that DCYF would use its policies relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

With these changes, the Policy Office has updated staff guidance on ICWA which is reflective of the changes regarding placement determinations; RICHIST enhancements regarding data collection; and guidance relating to Native American children involved with juvenile probation. The revised policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b). A copy of the ICWA policy is in the appendices.

It is acknowledged that the Department has many new staff within in Family Service Units who may not be familiar with the requirements under ICWA. The Department continues its work with the Tribe's representative to troubleshoot these issues and ensure ICWA training as part of the core training curriculum offered at the Child Welfare Institute.

The relationship between the Narragansett Tribe and DCYF remains good, particularly with Child Protective Services. The Narragansett Tribal Office for Children and the Department are continuing work toward development of a standardized process that will improve coordination and information exchange between the two systems to ensure actions are in the best interest of Tribal children in compliance with the Indian Child Welfare Act.

On June 5, 2009, DCYF's administrative leadership met with Wenonah Harris of the Narragansett Tribe to discuss opportunities for Tribal assistance in foster/respite home recruitment and mentoring – with the goal of having Tribal participation in the FCCPs and Phase II of the System of Care.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
Strengthening Child Protective Services

GOAL I –	Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

The Department's Child Protective Services Division (CPS) uses standardized tools and procedures to assess child safety. This past year, the implementation of the Family Care Community Partnerships (FCCPs) marked a substantive shift in the community-based collaborations between child protection investigators and intake staff. Changes in operation that were put in place in recent years; e.g., the establishment of a Case Monitoring Unit (CMU) in 2006, positioned the Child Protective Services Division well to make this adjustment which is designed to avert families from becoming opened to DCYF.

The CMU was established to maintain children at home without seeking Family Court involvement or transferring cases to the Family Service Units. It was estimated that about 400 cases monthly were held in CMU and Intake combined. DCYF provides oversight for differing levels of community-based prevention and family preservation services and duration before the cases are closed. Regular meetings are held with the FCCP community provider agencies, particularly in the Northern Region, where a collaborative network of providers known as the United Family Support Initiative is comprised of about 15 agencies working together with DCYF to identify "best matched" services for families – both with legal and non-legal status. The FCCPs began operation in January, and as of late June 2009, there have been 240 referrals made through CPS/Intake to the FCCPs. Of this, 150 required a risk management plan be returned to the Department which allowed these cases to then be closed. To date, six (6) of the referred cases have needed to be reopened to DCYF. Four (4) are continuing to be held in the Monitoring Unit, and two (2) have had petitions filed in Court and were transferred to the Family Service Unit (FSU).

During this past year, there has not been any substantive change in State law that affects DCYF's eligibility for CAPTA funding. As reported previously in the Child and Family Service Plans, the Child Abuse Prevention and Treatment Act (CAPTA) requirements are aligned with the Department's efforts to strengthen its Child Protective Services Division. The PIP safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

CAPTA Plan -

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. At present, DCYF has met its objective for improvement on all of the

safety outcome related items. The Department experienced consistent increasing numbers in the percentage of repeat maltreatment cases subsequent to its baseline year in 2004. This measure particularly prompted the Department to take a closer look at its practice and decision-making processes in investigations and ongoing casework to identify potential contributing factors to incidents of recurrent child maltreatment.

The Department conducted an internal review of a random sample of cases and found that the majority of investigations involving repeat maltreatment were for matters relating to neglect. More specifically, these involved cases of "other" neglect. The findings from the random sample study suggested that about 30% of these cases should not have been indicated as repeat maltreatment. Subsequently, in collaboration with ACF, DCYF requested technical assistance from the National Resource Center for Child Protective Services. An initial meeting was held on April 4, 2007 to discuss decision-making practice and issues relating to the category for "other" neglect. It was agreed that another review of case records would be conducted in May 2007. The NRC report from the case review conducted in May was consistent with the earlier internal study, that approximately 30% of the re-maltreatment cases should not have actually been identified as repeat maltreatment. The report also found that close to 60% of the repeat maltreatment reports occur within 1 to 2 months of the first report, and 80% occur within 4 months.

National Standards Outcomes and Indicators	Nat'l Stndrd	DCYF Baseline	State CFSR % Strength 2004	DCYF PIP 2008 Objective	DCYF PIP Performance	Method of Measure
SAFETY OUTCOME 1						
Item 2a: Repeat Maltreatment (National Standard)	6.1%	13.1%		Decrease to 12.2%	9.6%	FFY 2008 Data Profile
Item 2b: Incidence of child abuse/neglect in foster care (National Standard)	.057%	1.09%		Decrease to .95%	.63%	FFY 2008 Data Profile
SAFETY OUTCOME 2						
Item 3: Services to Prevent Removal			79%	Increase to 84%	89%	2007/08 Regional CFSR
Item 4: Risk of Harm			67%	Increase to 72%	79%	Quarterly QA Analysis

The report from the NRC-CPS identified specific practice areas contributing to the Department's performance overall in assessing safety, and in being able to effectively manage safety. Importantly, the report focused on a recommendation for DCYF to adopt information standards which would serve as a basis for what a child protective investigator must know about a family in order to have confidence in the decisions and conclusions about them.

DCYF also sought ongoing assistance from the NRC on Family-Centered Practice and Permanency Planning with the NRC-CPS to help further develop staff skills to ensure clear, documented safety plans based on investigations and to maintain the viability of safety plans on an ongoing basis. Reflective of these issues, the Child Protective Services Division has implemented an investigation response protocol which assigns primary workers to review and formulate plans to ensure that conditions regarding risk and safety can be managed when there is a new investigation on an active case. Staff from CPS and Family Service Units (FSU) are

participating in a Casey Family Services Breakthrough Collaborative Series to promote clear understanding of factors relating to risk versus safety and, subsequently, to inform practice. Intake staff have been trained regarding relevant differences in the assessment for risk versus safety. The Intake Summary form has been revised to ensure that conditions of safety are reviewed upon assignment of a case, and reassessed prior to cases being transferred or closed to the Department. This Intake Summary is especially relevant for work with the FCCPs. Child Protective Investigators (CPIs) are provided ongoing training on factors relating to risk versus safety.

The ongoing process involved in these practice changes is important not only for staff internally, but for the effective operation of the Family Care Community Partnerships where the focus is on ensuring community-based providers are able to understand and meet the need for timely, relevant services that can be particularly helpful in reducing the risk of re-maltreatment. The FCCPs are being designed to link families earlier with more effective interventions and supports through community-based networks.

CAPTA STRATEGIES

Safety Outcome 1 - *Children are, first and foremost, protected from abuse and neglect.*		
Indicator	**Activities**	**Status**
Item 1: Timeliness of investigations of reports of child maltreatment.	▪ Maintain quality control measures and time management for CPS supervisors to ensure timely responses to reports of maltreatment.	In place and continuing.
Item 2: Recurrence of child maltreatment within 6 months of investigation.	▪ Revised disposition options for investigative process to identify risk/need for services as an alternative to substantiation for "other neglect".	In place and continuing.
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	**Activities**	**Status**
Item 3: Services to family to protect children in home and prevent removal.	▪ Implement safety assessment standards at every change of care for children in placement and at reunification.	The Risk and Protective Capacity Family Assessment and Service Plan provides for ongoing safety assessments.
Item 3: Services to family to protect children in home and	▪ CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement.	In place – continuing as part of the FCCP operation in Northern

prevent removal. **Item 4:** Risk of harm to child(ren).	▪ Maintain co-location in CPS and Northern Regional locations with United Family Support Project staff to assist with case reviews focusing on community-based support and diversion from DCYF. ▪ Implement and maintain Intake staff assessment process in lieu of investigation to determine service support needs for families. ▪ Enhance community-based service referrals through work with FCCPs ▪ Work with Casey Family Services Breakthrough Series to improve understanding and implement practice changes relating to differences between safety and risk factors. ▪ Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services.	Rhode Island – reviewing cases twice a week. In place – continuing: Intake supervisors are increasing family contact in community settings. CPS participates in FCCP implementation team activities – ongoing Participation with Breakthrough Series is active. Completed first 3 years and is ongoing

Earlier objectives of the CAPTA and PIP strategies have been achieved, including the establishment of an Information and Referral function in the RICHIST system to create a more effective screening out process for allegations received by the Child Protective Services hotline, and creating forensic training modules specifically for CPS investigators. This training has been conducted as an orientation for new CPS staff transferring from Family Service Units, and as a refresher for continuing CPS staff. CPS supervisors were also trained in the Supervisory Competency curriculum at the Child Welfare Institute, and the administration has implemented time management and quality control measures to streamline the number of pending investigations.

During this past year, DCYF revised its policy regarding the public release of findings or information relating to child fatalities or near fatalities. This revision is to ensure explicit guidance regarding release of such information, consistent with CAPTA Section 106(b)(2)(A)(x) on public disclosure.

Referrals for Early Intervention –

The intake referral process for determining eligibility for Early Intervention services has now been in place for three (3) years. This process involves a nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Intake staff to assist in determining whether a referral is appropriate for an EI program based on an assessment of eligibility criteria.

In the first thirty two (32) months of operation, mid-April 2006 to December 31, 2008, there were 1,455 children under the age of 3 who were referred for services. Of this, 68% were referred to Early Intervention programs and 32% were referred to other early childhood and family support programs. However, in the table below, for SYF 2008, we're seeing the percentage of referrals to EI programs increasing to 81% compared with 18% being referred to other early child development community programs.

Number of Children < 3 Involved in a CPS Investigation in SFY 2008 – Referred for Services				
# Indicated Referred to an EI Program.	284	# Indicated Referred to Other Community Program.	76	*Total Indicated* 360
# Non-Indicated Referred to an EI Program.	176	# Non-Indicated Referred to Other Community Program.	29	*Total Non-indicated* 205
Total Referred to Early Intervention (EI) Program	460 (81%)	Total Referred to Other Program.	105 (18%)	*Total All* 565

On average, DCYF conducts about 120 investigations per month in which a child under the age of three is involved. Approximately 55% of these investigations will result in a substantiated case of child abuse and/or neglect for the involved child. Not all children identified in a substantiated investigation will be referred to EI services, which is the purpose and benefit of having the nurse liaison working with CPS investigators to assist in determining which children are most likely to be eligible for EI services.

The Department continues to make progress in tracking the outcome of its referral process for Early Intervention program services. An inter-departmental agreement was recently updated between DCYF and the Department of Human Services (DHS), which administers the EI program. The EI programs report to DHS on the number of children referred from DCYF to their programs. Of relevance is that DCYF made a referral for 284 children who were victims of an indicated investigation for SFY 2008. The DHS data show that 292 referrals were received from DCYF by an EI program. It is expected that the DHS number also includes some of the referrals from non-indicated investigations. The DHS data also provide a breakdown of the enrollment status and the eligibility criteria on which the referral was based. For SYF 2008, data represent that 172 children referred through DCYF were enrolled in an EI program.

Safe Families Collaboration –

Law Enforcement Reported Data for 2007	*Statewide*	*DCYF Region III (26% of Statewide)*	*DCYF Region IV (37% of Statewide)*
Number of DV Reports to State and Local Police	5,066	1,323	2,006
Number of Children Present	1,446	377	534
Percent of DV Incidents with Children Present	28.5%	28.5%	26.6%

Source: Rhode Island Kids Court 2009 Factbook

The Department is continuing its Safe Families Collaboration program with the Rhode Island Coalition Against Domestic Violence which also has a co-location liaison working through CPS. The program works with cases involved in Regions III and IV where there is a marked prevalence of domestic violence impacting families

coming into care. The Safe Families Collaboration Program, supported by funding through the Children's Justice Act/CAPTA grant, was begun in December 2004 to assist the Department to address the needs of children who are exposed to violence in the home and the adult victims of domestic violence.

The Safe Families Collaboration seeks to preserve families by linking them with community-based services and strategies that include domestic violence support, employment counseling, parenting skill development, financial management assistance, substance abuse treatment, as well as other identified needs.

This collaboration is one of a few in CPS operations around the country in which a domestic violence advocate is co-located within the Child Protective Services offices. The experience has been quite positive at DCYF as investigators now more regularly seek the advocate's assistance on cases in which family violence is identified. In some situations, the advocate has accompanied DCYF staff on investigations. The project was begun in Region IV and expanded to Region III in 2006 as a result of findings in the quality assurance mini-CFSR review which identified domestic violence as a factor in a substantial number of the cases reviewed.

CPS Investigations with Domestic Violence Identified

Timeframe of CPS Investigations	# Families referred to Safe Families Liaisons for Assistance	# of Contacts with Co-Location Liaison(s)	Avg. # of Family Contacts – Assistance
Jan- Dec. '06	584	3,445	5.89
Jan.-Dec. '07	563	3,227	5.73
Jan.-Dec. '08	491	3,517	7.16

Source: Safe Families Collaboration Project, RI Coalition Against Domestic Violence

Increased awareness among DCYF staff about the program has produced noticeable linkages with the Family Support Advocates. As referenced in the above table, contacts with Family Support Advocates have increased in the past year – providing assistance and services to address issues relating to domestic violence.

Citizen Review Panel –

CAPTA funds support the Citizen Review Panel (CRP) which works closely with DCYF's Child Protective Services Division to assist in determining whether cases involving child injury may have actually been accidental or intentional. The Citizen Review Panel also provides a forum for representatives of multiple disciplines to discuss complicated cases and receive guidance in making appropriate determinations regarding such cases where the evidence is ambiguous.

As pointed out in the CRP report, the child abuse reporting statutes in Rhode Island present a broad legal definition which can create a degree of ambiguity, particularly for primary care physicians who do not specialize in child abuse. In the 2008-2009 reporting period, the Panel met 49 times and reviewed a total of 501 cases, averaging approximately 10 cases per session.

Of the cases reviewed, sexual abuse consistently represents more than half. This year, cases involving sexual abuse represented 61% of the cases reviewed. It has been reported previously by the Panel that cases involving "sexualized behavior" are presented almost on a weekly basis due to considerable ambiguity about reporting. The Citizen Review Panel discusses each case in question, and the panel reports that its decisions are frequently used to inform policies and/or practices. Cases in which there are ongoing issues of concern continue to be reviewed at subsequent meetings.

Activity Report of the Citizen Review Panel

	2005	2006	2007	2008	2009
Sexual abuse	334	384	394	413	306
Physical abuse	122	137	107	82	80
Child neglect	97	69	73	43	81
Emotional abuse	8	6	4	1	1
Failure to thrive	13	8	15	10	1
Accidental injury	25	4	17	30	21
Medical Neglect	2	19	20	21	10
Medical Abuse				5	1
Total Cases	601	627	630	605	501

In this year's report, the Citizen Review Panel focused on three specific issues:

- Providing a venue for panel members to present cases to DCYF personnel to determine whether referral to the agency was indicated by law or by the child's best interests and to discuss appropriate placement recommendations if a referral was indicated;
- Producing two information manuals for foster parents regarding medical and behavioral/emotional issues; and
- Submission to and approval by Rhode Island Hospital's Internal Review Board to complete a survey regarding DCYF's operational definition of emotional abuse to be distributed to community leaders and professionals working with children and families. This continues work that was begun five years ago and allows for further development in the understanding of factors contributing to emotional abuse.

The full report of the Citizen Review Panel is included in the appendices.

CAPTA Program Areas Selected for Improvement –

In accordance with the requirements of Section 106(a)(1) through (14) of CAPTA, the Department will continue its efforts to improve program in the following areas:

- Section 106(a)(11) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect - *Citizen Review Panel activities*

- Section 106(a)(14) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – *Referral process for Early Intervention and other early child development services*

Criminal Background Checks – The Department conducts criminal background checks on prospective foster and adoptive parents in compliance with Section 106(b)(2)(A)(xxii) of CAPTA. These assurances are conducted internally within DCYF to determine if there has been any prior involvement with the Department in a substantiated child abuse or neglect case; criminal background checks are performed by the Attorney General's Office through the Bureau of Criminal Identification. Administrators and supervisors within Child Protective Services and the Family Service Units now have access to the BCI and are able to conduct criminal background checks more expeditiously. The Department is leasing a portable fingerprint scanning machine which has enhanced DCYF's efficiency and capability for establishing clearances for prospective foster and adoptive families, including the adult relatives and non-relatives residing in the household. Since the Department began using its own fingerprint scanning machine, DCYF has been able to reduce the length of time it takes to obtain results on these background checks from a matter of weeks to a turnaround time of a few hours.

Adam Walsh Child Protection and Safety Act of 2006 – The federally enacted Adam Walsh Child Protection and Safety Act establishes statutory requirements for states to conduct background checks on prospective foster and adoptive parents and any other adult living in the prospective foster/adoptive home prior to finally approving the home for placement of a child. Such background clearances require states to check child abuse and neglect registries in each State in which the prospective foster/adoptive parents, as well as any other adult(s) living in the home, have resided in the preceding 5 years. The intent of this new law is to protect children from violent crime with particular emphasis on preventing sex offenders' from having access to children. A critical provision in this federal law is that it provides child protection/child welfare agencies access to national crime information databases (NCID) specifically for purposes of investigating or responding to reports of child abuse, neglect, or exploitation.

Rhode Island's DCYF has now equipped four computers in its Child Protective Services Division with interface capability to access three additional national databases: the FBI's Interstate Identification Index, known as the Triple I; the National Crime Information Center (NCIC); and the International Justice and Public Safety Information Sharing System (NLETS).

The Triple I system is an interstate/Federal-State computer system that currently provides the means of conducting national criminal history searches to determine whether a person has a record anywhere in the country. This electronic search can take as little as thirty seconds.

The NCIC is an automated nationally accessible database of criminal justice and justice-related records maintained by the FBI that includes "hot files" of wanted and missing persons and stolen property. This search capability is valuable, because it provides information on persons who may not have a criminal history, but may be wanted for the commission of a crime.

NLETS is a computerized, high speed message switching system maintained by the States that provides for the interstate exchange of criminal justice related information among local, State, and Federal criminal justice agencies. For DCYF's purposes, this system includes drivers' license data on a State by State basis.

CONSULTATIONS WITH PHYSICIANS/APPROPRIATE MEDICAL PROFESSIONALS –

Through a collaborative relationship with the Department of Human Services (DHS), Rhode Island's Medicaid Authority, children and youth in the care of DCYF have their health and behavioral health needs covered through the Neighborhood Health Plan of Rhode Island (NHPRI) and Beacon Health Strategies. NHPRI is a Medicaid managed care health plan contracted with DHS. DCYF involved children and youth began enrollment in 2000. As of June 28, 2009, there were 2,524 children/youth in substitute care enrolled with a health plan through NHPRI.

For children in foster care, the process involved for having his/her health and behavioral health care managed through NHPRI is activated once the child's living arrangement is entered into DCYF's RICHIST data system. A Medicaid eligibility technician in the Division of Management and Budget receives a Medical Assistance notification within 24 hours of the living arrangement being entered into the system. The Medical Assistance authorization is processed on the date that it is received. Once a DCYF Medical Assistance case has been activated, the system will electronically enroll the child in NHPRI within 7 to 10 days. NHPRI will contact the foster caregiver within 14 days in order to assess the child's medical and behavioral health needs. This initial screening is conducted by telephone using a validated telephone screening tool. If the child is in need of a physical examination or a behavioral health evaluation, these services are scheduled between the foster caregiver and the health plan, and a notice will be sent to the assigned DCYF social caseworker.

Also, once the child is enrolled in NHPRI, s/he is assigned a primary care physician in the vicinity of the foster caregiver. Information is exchanged and updated to ensure that communication is open and as efficient as possible. Information relating to the name of the caregiver(s), address, social caseworker, supervisor, primary care physician is exchanged and updated on a daily basis. The medical and behavioral health information in RICHIST is updated through a data system interface between NHPRI and DCYF. This functionality allows an automatic exchange of information between the systems to regularly update the child's medical and behavioral health service and treatment history in the child's electronic case record.

The NHPRI health plan has also established a membership information helpline to provide immediate access to care assistance. Social caseworkers and foster caregivers are able to call into the helpline to receive information and assistance on matters relating to medical,

pharmaceutical, and other needs concerning access to care. NHPRI's behavioral health provider, Beacon Health Strategies, also provides a helpline staffed by licensed clinicians who are able to provide behavioral health advice to DCYF staff Monday through Friday from 8am to 5pm. These helpline clinicians assist DCYF social caseworkers in setting up behavioral health appointments, emergency medication reviews, hospitalization step-down alternatives, as well as appealing denials for services, and other assistance. Additionally, NHPRI has a pharmacy care manager who oversees the administration of medication (medical and behavioral health) for children in foster care. The Department also has relevant policy relating to psychotropic medications. A copy of the State and NHPRI policies are included in the appendices. The State also has a Medicaid dental care program, RIte Smiles, that was implemented in 2006. Information on this program is also included in the appendices.

The Department also contracts with Rhode Island Hospital's Child Protection Program to provide a Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic for DCYF's Child Protection Services Division. The PANDA Clinic provides medical evaluations within 24 hours in compliance with RIGL 40-11-6(c) or on a drop-in basis if necessary within clinic hours in order to conduct medical evaluations regarding abuse and/or neglect conditions, and provide child protection investigators necessary information as part of the investigative process.

CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE –

New requirements enacted in the Child and Family Services Improvement Act of 2006, Section 424(e)(1) and 436(b)(4) of the Social Security Act, place much greater emphasis on the importance of case worker visits with children involved with child welfare. This public policy initiative reflects the findings of the first round of CFSRs in which positive outcomes for children were closely associated with the quality and frequency of caseworker visits with the children on their caseloads.

The specific CFSR findings identified factors involved in the relationship of well-being to permanency, showing that positive ratings on the four indicators in Items 17 – 20 supported substantial achievement on children having permanency and stability in their living arrangements (Permanency Outcome #1) and preserving continuity and connections of family relationships for children in care (Permanency Outcome #2):[15]

Item 17: Needs and Services of Child, Parents, Foster Parents
Item 18: Parents' Involvement in Service planning
Item 19: Caseworker Visits with Child
Item 20: Caseworker Visits with Parents

[15] *Findings from the Initial Child and Family Service Reviews 2001-2004.* Presentation from the Administration for Children and Families.
http://www.acf.gov/programs/cb/cwmonitoring/results/index.htm, retrieved on August 5, 2007

Frequency of Caseworker Visits

The DCYF established its baseline for caseworker visits with children using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for FFY 2007 (October 1, 2006 to September 30, 2007). During this period, there were 3,567 children identified in the AFCARS file who were in placement for at least one full calendar month during FFY 2007. Of this number, 830 youth residing in foster care in-state and out-of-state were used to calculate the baseline, based on the following methodology:

- The aggregate number of children served in foster care,
- The number of children visited each and every calendar month that they were in foster care,
- The total number of visit months for children who were visited each and every month that they were in foster care, and
- The total number of visit months in which at least one child visit occurred in the child's residence.

Monthly Caseworker Visits with Children – FFY 2007 Baseline		**Total Percentage**
830 children with visits / 3567 with valid placements	Worker visits with child	23.27%
902 at home visit months / 3,862 total visit months	Visit in child's residence	23.36%

In view of the low performance for monthly visitation, an internal Department work group agreed that it would be important to establish a team concept as part of the improvement plan for carrying out casework responsibilities for monthly visitation, consistent with federal statutory requirements and ACF policy guidance. The Department's caseworker visit improvement plan focuses on four critical areas:

Caseworker Visit Improvement Plan Outline	
Quality and Consistency -	o Standard of expectation and scope of shared visitation responsibilities o Mandatory training, inclusive of all line staff across the Department
RICHIST Enhancements –	o Redesign the case activity note window to capture specific caseworker responsibilities in a quantifiable manner; i.e., ▪ Observation as to safety and well-being ▪ Service planning ▪ Service delivery ▪ Goal attainment o Build an additional Dashboard report specifically tailored to the federal face-to-face requirements for monthly visits to allow for real time monitoring by Regional Directors
Data Entry –	° Prioritize data entry ° Create a standardized form for contact guidance - prompting attention to/capturing critical information relating to caseworker visits to be used

Caseworker Visit Improvement Plan Outline	
	across Family Service Units and Probation ° Establish multiple points of data entry to maximize data collection
Out-of-State Placements –	° Ensure children in distant out-of-state placements are being visited ° Nearby and distant out-of-state visitation options include: ▪ Identifying where youth are most prevalently placed and develop a visitation plan strategy specific to these areas using regional or inter-regional teams ▪ ICPC Administration can coordinate visitation plan strategies to optimize regional/inter-regional team efforts ▪ More use of contracted providers and ICPC counterparts to achieve monthly visitation, as appropriate

DCYF's projections for continuous improvement are represented below. The Department surpassed its projected increase for FFY 2008 for the face-to-face portion of the measure by 3 percentage points (28.12%), but is still not performing as expected for visits occurring in the child's residence (23.23% for FFY 2008)).

	Projections		**Performance**	
	FTF	In Residence	FTF	In Residence
FFY 07 Baseline -			23.27%	23.36%
FFY 08 –	25%	27%	28.12%	23.23%
FFY 09 –	40%	35%		
FFY 10 –	65%	43%		
FFY 11 –	90%	50%		

The full performance improvement plan for monthly caseworker visits with children is included in the appendices.

Visitation Policy – The Department revised its policy relative to social caseworker visits with children and parents (caregivers) on their caseloads – establishing a standard that requires monthly visits by social caseworkers, juvenile probation workers, or any worker that the Department has assigned case responsibility to for all children in foster care, including children in out-of-state placement. These new policies are scheduled to be promulgated.

As of June 28, 2008, there were 93 youth who are residing in residential treatment programs located out-of-state compared with 126 a year ago. Approximately 24% (22 youth compared with 24 youth last year) are in distant out-of-state placements with 76% in nearby out-of-state locations which typically include placements in Massachusetts or Connecticut. Each Regional Director and supervisors are able to monitor the face-to-face contact that caseworkers have with their children on a monthly basis through a dashboard data collection program that provides up-to-date information on caseload activities.

Additionally, it is well understood that visitation between the children and their parents is a core element in maintaining the family's connection and to guide reunification objectives.

DCYF has two longstanding policies relating to visitation between children and their parents which set forth guidance relating to **initial** visitation plans which must be formulated within 5 working days of the child(ren) being placed, and the **visitation plan** that is developed as part of the families' service plan within 30 days of the child being placed in DCYF care. The policies outline expectations relating to visitation frequency, duration, location, supervision, and situations in which there may be special circumstances; e.g., newborns on protective hold at the hospital.

The Department has also implemented a new service plan policy and procedures focusing on Risk and Protective Capacity factors as part of its comprehensive family assessment that must be completed within 60 days. The visitation requirement is still maintained at within 30 days of the child coming into care.

DISASTER PLAN –

The Department is formulating policy as part of its residential child care regulations which will incorporate a requirement for fire and disaster preparedness procedures. These draft regulations will soon be posted for public comment and dovetail the Department's broader-based efforts establishing a disaster plan in compliance with Section 422(b)(16). This past year, with the threat of a flu (H1N1) pandemic, the Department as part of the Executive Office of Health and Human Services revised its Continuity of Operations Plan (COOP). This revised COOP is more streamlined and effectively addresses the points relative to ensuring child safety and protection procedures are maintained in the event of a natural or man made disaster. The new COOP is included in the appendices.

++++++++++++++++

SAFE/TIMELY INTERSTATE PLACEMENT OF FOSTER CHILDREN ACT OF 2006 –

Beginning in October 2006, in compliance with Section 422(b)(10) of the Social Security Act, the Department's administrator for the Interstate Compact for Placement of Children (ICPC) began tracking requests being made by Rhode Island for home studies in other states, and for home studies from other states to be conducted within our jurisdiction. The results of this activity from October 2008 through August 2009 are as follows:

There were 98 requests from other jurisdictions; three were withdrawn, leaving a total of 95. Requests from other states involve home studies for parents, relatives, foster care placements and adoption placements. Although incoming requests are spread throughout the country, most come from neighboring Massachusetts and Connecticut. As represented in this first table, Rhode Island was able to complete 54% of the requests within 30 days and 27% were completed within 60 days.

Requests Made to Rhode Island from Other States – October 2008 to August 2009

Month	Number of States	Number of Home Study Requests		Completed in 30 Days	Completed in 60 Days	Over 60 Days	Still Pending
		Made	Cancelled				
October '08	6	10		6	3	1	
November	5	8		4	3	1	
December	4	9		4	5		
January '09	5	13	1	7	4	1	
February	4	9	2	6	1		
March	5	8		5	2	1	
April	4	9		5	3	1	
May	4	4		2	2		
June	5	5		2	2	1	
July	8	12		6	1		5
August	3	11		4			7
Totals	53	98	3	51	26	6	12
Adjusted Total		95					

By contrast, Rhode Island initiated 130 requests to other states, but subsequently withdrew 13. As represented in this second table, of the 117 active requests made by Rhode Island, twenty (20%) percent were completed within 30 days and 26% were completed within 60 days of the other state receiving the request.

In both circumstances regarding home study requests, outgoing and

Requests Made by Rhode Island to Other States – October 2008 to August 2009

Month	Number of States	Number of Home Study Requests		Completed in 30 Days	Completed in 60 Days	Over 60 Days	Still Pending
		Made	Cancelled				
October '08	7	12	2	2	4	4	
November	8	13	1	4		8	
December	8	14		2	4	8	
January '09	5	8	2	1	2	3	
February	7	12	1	2	2	7	
March	8	15	1		6	8	
April	6	11	4	1	2	4	
May	8	20	2	6	6	6	
June	4	10		2	5	3	
July	5	6		3			3
August	5	9					9
Totals	71	130	13	23	31	51	12*
Adjusted Total		117					

* May still be completed within 60 days.

incoming, the number of home study requests do not reflect the number of children for which the families (homes) are being studied.

Results from the previous fiscal years in the two tables below show that the Department has consistently been more active in initiating requests to other states, compared to the number of requests received, to explore appropriate permanency options. In fiscal year 2008, ten (10) home study requests made from other states required the extended period to 75 days or longer to be completed. The reasons for these delays are attributed to circumstances beyond our control; such as not being able to receive required forms; parents or other relatives not wanting to cooperate.

Incoming Requests from Other States

Fiscal Year	Number States	Number Requests	Completed in 30 days	Completed in 60 Days	Completed in 75 Days	Beyond 75 Days	Withdrawn/Pending	
2007	45	84	59	23			2	
2008	45	80	44	23	7	3	3	

Requests Made by Rhode Island to Other States

Fiscal Year	Number States	Number Requests	Completed in 30 days	Completed in 60 Days	Completed in 75 Days	Beyond 75 Days	Withdrawn/Pending	
2007	87	159	24	37	11	65	22	
2008	92	176	22	60	7	65	22	

By contrast, the Department has experienced significant delays in having its home study requests completed by other receiving states. As the second table above shows, there were a combined total of 76 home study requests in fiscal year 2007 and 72 requests in 2008 which required the extended period or longer to be completed.

There is not much information to explain the reasons for these delays. In some cases, it is noted that there was a delay in obtaining needed information; e.g., fingerprinting results is the most often cited reason for delay. Circumstances beyond the control of the other state; e.g., uncooperative relatives is the second most identified reason. Other reasons have included need for a waiver regarding criminal or CPS history; caseload/staffing issues; additional information needed from RI to complete the study. It is also noted that in some situations, there has been a lack of responsiveness on the part of the receiving state to communicate with DCYF regarding the status of the home study request. There is no information regarding action that may have been taken by the State or relevant Federal agency to resolve the need for the extended compliance period.

International Adoptions –

The RICHIST data system was enhanced in 2006 to enable the functionality for capturing information on foreign born adoptions that come to the attention of DCYF through disruptions within the family. Information regarding a child's adoption status is entered into RICHIST by Intake staff as part of the case participant information.

In FFY 2008, there were seven internationally adopted youth who entered care. This is a slight increase over the number reported for FFY 2007. In that year, four internationally adopted children came into DCYF care. For FFY 2008, the children were originally from India, Russia, Brazil, and Cambodia. Their reasons for coming into care were due to child behavior challenges, physical abuse, and neglect relating to a parent's need for assistance. These youth do not meet the reporting criteria as clarified in the ACF Child Welfare Policy Manual which references that "[s]tates need not report a child who enters foster care after finalized adoption if the parents' legal rights to the child remain intact."

The Department does provide adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services would also be available for families whose children were adopted internationally, but subsequently had a case opened to DCYF. Services include education and support groups, counseling, case management, crisis intervention and respite services.

Transfers of Youth to Juvenile Justice –

Another RICHIST enhancement implemented in 2006 allows DCYF to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile Corrections or through Children's Behavioral Health. These data fields allow the Department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect, but later are linked with children's mental health services or juvenile corrections.

During FY 2008, our system shows that there were 5,861 youth being activated in our system with circumstances relating to child welfare, compared with 4,392 in 2007. Of that number, 88 were also subsequently identified with juvenile justice involvement, compared with 109 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload.

DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS -

The Department adheres to procurement procedures which require proposals to be submitted through a Request for Proposals (RFP) process. The Department also has established with the Department of Administration, Division of Purchasing a continuous recruitment

process to solicit evidence-based and promising practice proposals from community providers on an ongoing basis.

An internal review body within DCYF is comprised of representatives from Child Welfare, Juvenile Corrections, Children's Behavioral Health, and Management and Budget. This body reviews and scores proposals and recommends the selection(s) to the Department Director for finalization. For the most part, the programs funded through IV-B, parts 1 and 2, have been supported for many years continuously. Recently, with the development of the Family Care Community Partnerships, funding from selected family preservation and support programs in IV-B, parts 1 and 2 were pooled with other funds to support the solicitation in the RFP for FCCP programming.

The IV-B, part 2 funds supporting Project Family and the Juvenile Justice Host Home Project in Washington County were transitioned from agency specific programming to provide available funding for the type of service represented by these two programs. This is part of DCYF's larger objective for establishing an Integrated Family and Community System of Care with lead agencies providing a nexus for community-based networks of formal and informal supports and resources. These two programs are particularly suited for this transition phase, given that they provide prevention-oriented services to avoid having cases opened to the Family Service Units.

CHILD AND FAMILY SERVICE CONTINUUM –

The Department of Children, Youth and Families provides publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. All of these services are provided on a statewide basis. On an annual basis, the Department provides services to approximately 9-thousand children/families.

Through other federal initiatives; e.g., the Community-Based Child Abuse Prevention (CBCAP) program, the Department has integrated the work of the Children's Trust Fund to engage a statewide network of primary, secondary and tertiary child abuse and neglect prevention programs. Our Intake Supervisor is becoming more familiar with these services as the Department looks for strong prevention-focused support programs to assist in diverting families from DCYF involvement, where appropriate.

Funding through the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Safe Act of 2003 supports a co-location nurse liaison from an Early Intervention program, working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program.

All federally funded programs complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include regular and relative foster care homes, as well as

therapeutic foster homes, shelters, group homes, community-based networks, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and after care programming which includes subsidized adoption, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School. Wraparound case management structures and programs, funded by DCYF, are available for children and families as a prevention/intervention service as well as aftercare supports. A description of the continuum of services is included in the appendices.

TITLE IV-B, SUBPART 1 – CHANGE IN PROGRAM PURPOSE

The enactment of the Child and Family Services Improvement Act of 2006 establishes certain changes in the program purpose of Title IV-B, subpart 1 as it relates to child welfare services. The new program purpose is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

Service Descriptions: Funding from Title IV-B, subpart 1 is used to support six programs relating to child welfare outcomes promoting safety, permanence and well-being. These programs are:

- **Family Care Community Partnerships (FCCP)** – this program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependency. Services include case management and crisis intervention 24/7. This program offers services for up to 120 days for families. Services are statewide within the FCCPs. Capacity is anticipated to be 200 at any given time.

- **Adoption Preparation and Support** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families.

- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function will provide necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and

resources, and help the FSU worker to organization the information needed for full disclosure presentations.

- **RI Foster Parents Association** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care.

- **Tsetse Art Gallery** – this provides a therapeutic Harmonious Art program for youth in group homes and treatment facilities who have been traumatized, often through sexual abusive situations. The art program serves approximately 40 youth annually between the ages of 7-14.

Staff Development and Training: Title IV-B, subpart 1 funds are not currently supporting training activities. The IV-E Training Plan is included in the appendices. These services are supported through state revenue and IV-E reimbursement. There have been three new core curricula implemented in the past two years; one pre-service for Child Support Technicians (CST) and two in-service for social caseworker II classifications and for the CSTs. In addition, the Department implemented a training curriculum for Juvenile Probation and Parole staff, as part of the Program Improvement Plan. This curriculum contains core requirements as well as topical subjects. A training of trainers (TOT) approach was established to implement the training and ensure that the curriculum could be maintained. A copy of the Juvenile Corrections training curriculum is included in the appendices.

The Department also supports staff development training relating to juvenile sex offender treatment. This training has been developed through collaboration with a consortium of DCYF contracted providers and Day One (Sexual Assault and Trauma Resource Center) for workers in DCYF's contracted residential facilities, contract monitoring staff, juvenile probation and parole staff, as well as outpatient clinicians who provide services to this population. The curriculum for this series of trainings is also included in the appendices.

Policies and Procedures for Abandoned Newborns: The Department promulgated its policy regarding activities and procedures relating to abandoned infants in February 2003, following the enactment of Rhode Island's Safe Haven for Infants Act (RIGL 23-13.1). This policy sets forth guidance to allow a parent to anonymously relinquish an infant (less than 30 days old) without facing prosecution, provided that certain conditions apply regarding the manner in which the infant was voluntary placed with staff in a medical or public safety facility and that there is no evidence that the infant has been harmed, or the victim of abuse or neglect.

PROGRAM AND SERVICE DEVELOPMENT -

Family Support -

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the

child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families through assistance with the Care Management Teams to help parents understand the role and responsibilities of the Department, as well as their participation in the process. More than half of the families assisted by PSN, typically, are looking for assistance because they've been told to file a wayward/disobedient petition regarding the challenging behaviors of their teenagers.

The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own.

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is now funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for *family support* and *adoption promotion/support*.

Family Preservation -

The Department also provides IV-B funding to the FCCPs to support family preservation services for those families who are more likely to be referred by Child Protective Services and may require more intensive services to address issues relating to parenting skills; difficulties with discipline, adult conflict, and financial problems.

Time-limited Reunification –

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now be in operation for 16 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The Families Together program also works with the Child Welfare Institute to provide three pre-service trainings on therapeutic visitation. The program has added a new dimension to provide a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums.

Adoption Promotion and Support -

Funding through Title IV-B, part 1 supports the work of the Rhode Island Foster Parents' Association which works closely with the Department and the Rhode Island Council of Resource Providers (RICORP) to provide training, education and support for foster and adoptive families. The IV-B, part 2 funds also support the recruitment and training efforts of the Urban League of Rhode Island, which is contracted to assist the Department in recruiting and supporting families interested in becoming foster or adoptive parents. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B, part 1. This contract provides preparation and post adoption support services that include 24/7 crisis intervention availability by phone, education and support groups, case management, counseling and respite. The Department, working with Adoption Rhode Island, has established a permanency team function in the Regions which is assisting social caseworkers in developing recruitment plans for children with a goal of adoption, assisting with case record research to identify potential family connections and resources; and, provide supportive guidance to address barriers for foster parents interested in adopting. This activity is supported through IV-B, part 1 funding.

The Partners in Permanency program, referenced above, bridges the categories for family support and adoption promotion/support. The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding for this program is evenly apportioned between the two categories.

MAINTENANCE OF EFFORT -

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately $3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2007, the Department continued to exceed its base year expenditures, allocating an estimated $8.7-million for ongoing family support and preservation services. The majority of the funding, $5.3 million (61%), funded family support services such as parent aides, parent education, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These services also provide necessary care and intervention for families whose children are experiencing behavioral challenges and may be at risk for out-of-home placement.

Additionally, the Department expended 39% of its funding to provide crisis intervention type programming such as Comprehensive Emergency Services, Youth Diversion and Outreach and Tracking services. Looking ahead to the coming year, the funding for some of these programs will be dedicated to the operation of the Family Care Community Partnerships. These programs are designed to prevent out-of-home placement, and maintain the family integrity without formally becoming involved with the Department where possible. An estimated 36% of

the cases receiving services through DCYF represent families in which the children are living at home. The goal here is to improve family functioning and child well-being.

ALLOCATION OF FUNDS -

In this Child and Family Service Program Improvement Plan application, the Department is requesting an allocation of $954,829 in Title IV-B, part 1 funds, and an allocation of $934,112 in Title IV-B, part 2 funds. Additionally, the Department requests $55,468 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of $123,737 in CAPTA funds. The Department is also requesting $729,750 in funds through the Chafee Foster Care Independence Program, and $245,393 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts, and through the planning for the Chafee Foster Care Independence Program.

Title IV-B, Part 1 Appropriation:

The Department of Children, Youth and Families anticipates receiving NINE HUNDRED, FIFTY-FOUR THOUSAND, EIGHT HUNDRED AND TWENTY NINE DOLLARS ($954,829) in FY 2010 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; adoption promotion and support, and an artistic program providing support services for youth in treatment programs specializing in sexual abuse and treatment for other trauma. These service needs have continued to be identified through the planning process for the Child and Family Service Plan.

Title IV-B, Part 2 Appropriation:

The Department anticipates receiving an allocation of NINE HUNDRED, THIRTY FOUR THOUSAND, ONE HUNDRED, TWELVE DOLLARS ($934,112) in Title IV-B, Part 2 funds for FY 2010. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 21% of the appropriation; family preservation services will be allocated 21%; time-limited reunification services will receive 37%; and, adoption promotion and support programs will receive 21% of IV-B, Part 2 funding. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. In this application, DCYF is also requesting $55,468 in funding to support activities relating to Monthly Caseworker Visits.

Child Abuse Prevention and Treatment Act Appropriation:

The Department anticipates receiving ONE HUNDRED, TWENTY FOUR THOUSAND, TWO HUNDRED AND SIXTEEN DOLLARS ($123,737) in FY 2010. These

funds continue support for the Citizen Review Panel, and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has been granted an extended contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

The Department is using CAPTA funding to enhance the general child protective system by providing fingerprint scanning services to expedite the assessment process for prospective foster and adoptive parents.

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of SEVEN HUNDRED, TWENTY NINE THOUSAND, SEVEN HUNDRED, FIFTY DOLLARS ($729,750) in the CFCIP allocation, and TWO HUNDRED, FORTY FIVE THOUSAND, THREE HUNDRED AND NINETY THREE DOLLARS ($245,393) in Educational Training Vouchers (ETVs) in FY 2010. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

Other Expenditures –

The Department does not have a Child Welfare Demonstration Project grant. The Department has received limited Adoption Incentive payments in the past, but is not currently receiving such payments. However, if DCYF were to receive Adoption Incentive funding, these resources would be used to promote and support expanded permanency development activities for children and youth. The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2005. The Department does not allocate IV-B, Part 1 funding for these services, as they are supported with general revenue. In FY 2005, the DCYF expended $2,838,725 on services associated with foster care maintenance, as defined in Section 475(4) of the Act.

The Department experienced a ONE HUNDRED, SIXTY SEVEN THOUSAND, NINE HUNDRED, FORTY EIGHT DOLLAR ($167,948.00) reduction in its FFY 2007 award from the amount it had anticipated. As a result, the Department needed to make certain adjustments to accommodate program expenditures.

The Department is in the process of spending the FFY 2006 funding relating to monthly caseworker visits with the purchase of laptop equipment to assist social caseworkers with their field documentation activities. These expenditures will be completed by September 2009.

SUMMARY –

As the Department continues implementation of its strategies for continuous quality improvement and practice changes, the commitment to establish a full continuum of care designed to appropriately address the individual and unique needs of children and families remains a primary objective. This objective is shared now, more broadly, across the human service agencies organized under the Executive Office of Health and Human Services, and through targeted collaboration with the Department of Human Services. The reorganization of government responsibilities is designed to streamline the service delivery system for children and families, improving effectiveness and efficiency. Our community stakeholders have expressed their commitment toward improved outcomes for children and families; and, through a stronger partnership with the community – our plan will become reality.

APPENDICES

Indian Child Welfare Act Policy -
Citizen Review Panel Report -
Medical and Dental Health Care Program -
Monthly Caseworker Visits Improvement Plan -
Disaster Plan -
Continuum of Service -
Training/IV-E Training Plan -
Work Plans -

Implementing the Indian Child Welfare Act

Rhode Island Department of Children, Youth and Families

Policy: 700.0170

Effective Date: April 10, 1989 Revised Date: December 29, 2006 Version: 2

The Rhode Island Department of Children, Youth and Families (DCYF) provides services to Indian families that are culturally relevant and consistent with the mandates of the Indian Child Welfare Act (ICWA) (PL 95-608). DCYF utilizes the principles of family centered practice in its delivery of child welfare services and recognizes the importance of maintaining connections between children and their heritage. DCYF supports early contact and active engagement with a child's tribe to ensure that services provided reflect the unique values of Indian culture and meet the safety, permanency and well-being requirements of the Adoption and Safe Families Act (ASFA) (PL 150-89).

ICWA provides protection for the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. It is the intent of the ICWA to serve the best interests of Indian children by strengthening Indian families and preserving the cultural identity of Indian children. ICWA further protects Indian children from removal from their tribes and assures that tribes are given the opportunity to raise Indian children when placement outside of the natural home is necessary. In compliance with state and federal law, the child's health, safety and well-being are the paramount concerns in making reasonable efforts towards reunification with parents or guardians.

Related Procedure

Implementing the Indian Child Welfare Act

Related Policies

Voluntary Placement
Termination of Parental Rights
Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition
Removal of Child from Home

Procedure From Policy 700.0170: Implementing the Indian Child Welfare Act

A. Identification of Indian children - It is important to determine if a child is of Indian descent as soon as possible after he/she becomes active with DCYF to ensure that the child's best interests are considered in accordance with the ICWA.

1. Child Protective Services (CPS) Investigative Staff and Child Protective Intake Staff

a. During the preliminary stages of a CPS investigation the Child Protective Investigator (CPI) inquires if there is any Indian heritage in the family. If the CPI is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.

b. If there is no Indian heritage, this information is documented by the Intake worker in RICHIST (refer to RICHIST Window Help: Case Maintenance). If the CPI has determined that there is Indian heritage, this information is forwarded to Intake. The CPI may proceed with emergency placement as needed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).

c. If there is Indian heritage, the following information is included in RICHIST (refer to RICHIST Window Help: Case Maintenance):

i. Indian child's name, date of birth and birthplace

ii. Parents' names (including mother's maiden name), or names of Indian custodian(s), dates of birth and birthplaces

iii. Indian child's tribal affiliation

d. Information contained in Subsection "c" above is forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel:

i. Legal Counsel notifies the Indian child's parent(s) or Indian custodian and the Indian child?s tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention.

ii. If parent(s) and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs by registered mail with return receipt requested.

iii. Legal Counsel forwards a copy of the applicable correspondence to the primary service worker. Primary service worker incorporates into the case record.

2. Family Services Caseworkers and Probation Counselors

a. If there is no documentation in the case record regarding a child?s Indian heritage, the primary service worker inquires if there is any Indian heritage and follows procedures outlined above (Subsection 1).

b. The primary service worker informs the family that they are entitled to rights and privileges in accordance with the ICWA.

B. Court Involvement - ICWA protects the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. Procedures outlined below are followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child.

1. Hearing for Voluntary Placement/TPR:

a. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures are followed with the addition of the following (refer to Policy: 700.0015, Voluntary Placement):

i. Child must be at least ten (10) days of age. If younger than ten (10) days, consult DCYF Legal Counsel.

ii. Parent's request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Consult with DCYF Legal Counsel for protocol.

b. If the parent(s) of an Indian child desires to voluntarily terminate parental rights, customary DCYF procedures are followed with the addition of the following (refer to Policy: 1100.0020, Termination of Parental Rights):

i. Worker informs DCYF Legal Counsel that child is of Indian descent and discusses the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.

ii. Parent's request must be executed in writing at a Family Court Hearing. Consult with DCYF Legal Counsel for protocol.

2. Hearing for Involuntary Placement/TPR: In compliance with the ICWA, no foster care placement or termination of parental rights proceedings shall be

held until at least ten days after receipt of the notice of the pending proceedings by the parent or Indian custodian and the tribe or the Secretary of the Interior.

a. The Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.

b. For involuntary placement, in compliance with the ICWA, DCYF must prove with clear and convincing evidence, based on the testimony of expert witnesses that further care by the parent would result in serious emotional or physical damage to the child.

c. For a TPR, in compliance with the ICWA, a determination must be made supported by evidence beyond a reasonable doubt, including testimony of a qualified witness, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

3. DCYF makes every attempt to locate and engage absent parents and paternal relatives as critical partners in meeting the permanency needs of Indian children and youth. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity (refer to Policy: 1100.0000, Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition).

C. Emergency Placement:

1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection (refer to Policy: 500.0075, Removal of Child from Home).

2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).

D. Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

1. Selection of a Placement Resource - Placement Unit staff attempt to find a placement within a reasonable distance of the child's home and in the least restrictive environment to meet the special needs of the identified Indian child:

a. The Placement Unit's search for and selection of the placement occurs in conjunction with the tribe's representative in the following order of preference:

i. A member of the Indian child's extended family

ii. A foster home licensed, approved or specified by the Indian child's tribe

iii. An Indian foster home licensed or approved by an authorized non Indian licensing authority

iv. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs

b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Family/Tribal Court.

2. Selection of an Adoptive Home

a. The search for and selection of the home occurs in conjunction with the tribe's representative in the following order of preference:

i. A member of the Indian child's extended family

ii. Other members of the Indian child's tribe

iii. Other Indian family

iv. Non Indian family

b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Family/Tribal Court.

Report to Rhode Island Department of Children, Youth and Families

ON

CITIZENS REVIEW PANEL activities, 2008 - 2009

Submitted by Christine Barron, MD
Chair of Citizens Review Panel
June 19, 2009

INTRODUCTION

The Rhode Island Citizens Review Panel performed four primary functions during fiscal year 2008 - 2009. The first was to provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to the Department of Children, Youth and Families (DCYF), the state agency responsible for investigating such cases. The second was to provide a venue for Panel members to present cases to DCYF personnel to determine if agency referral was indicated by law or by the child's best interests, and to discuss appropriate placement recommendations. The third was to produce two information manuals for foster parents regarding medical and behavioral/emotional issues. The fourth was submission to and approval by Rhode Island Hospital's Internal Review Board to complete a survey regarding DCYF's operational definition of emotional abuse to community leaders and professionals working with children and families.

ACTIVITIES OF THE MULTIDISCIPLINARY CASE REVIEW GROUP

Community members from a wide variety of disciplines met on a weekly basis to discuss concerning cases in which abuse and/or neglect had been reported to DCYF. The group also presented cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Administrators and supervisors for DCYF's Family Services Unit
- Hasbro Children's Hospital personnel, including representatives from the Child Protection Program, Clinical Social Work Department, Nutrition Department, Child Life Department, Nursing staff, Pediatric Intensive Care Unit, Pediatric

Ambulatory Clinic, Pediatric Sub-Specialty Clinics, Department of Child and Family Psychiatry, and Emergency Department

- Representatives from the Rhode Island Attorney General's Office
- Representatives from the Rhode Island Children's Advocacy Center (CAC) and Day One
- Representatives from the Providence Police Department

For particularly complex cases requiring further input, outreach to other community participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- DCYF investigators and social workers
- Representatives from community and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- School personnel
- Personnel from visiting nurse agencies
- Representatives from Early Intervention Programs and CEDARR
- Representatives of various community housing authorities
- Community pediatricians
- Physician sub-specialists, i.e., surgical sub-specialists, radiologists
- Nursing staff from other hospitals
- Staff from various chronic care institutions for children
- Staff from community foster care agencies
- Staff from RIte Care agencies/health insurance providers

In fiscal year 2008-2009, the Citizens Review Panel met 49 times and reviewed a total of 503 cases, averaging 10 cases per meeting. Cases reviewed by the group fell into the following categories:

Sexual Abuse	306	(61%)
Physical Abuse	80	(16%)

Emotional Abuse	1	(0.2%)
Child Neglect	81	(16%)
Medical Neglect	10	(2%)
Medical Abuse	1	(0.2%)
Failure to Thrive	1	(0.2%)
Accidental Injury	21	(4%)

Reviews typically begin with a presentation by the Child Protection Program staff members who examined the patient and/or interviewed the patient and his/her family. Community providers seeking input regarding particularly complex cases may also present case histories. After the case presentation, representatives from each relevant discipline involved in the case present additional information they have obtained during the course of their interactions with the patient and family. The entire Panel then discusses further material that may be needed to complete an investigation, assess the degree of safety risk to the child, and/or determine available resources to help the child and family. At the end of each case discussion, the Panel makes specific recommendations regarding disposition, including placement issues, counseling referrals, and possible prosecutorial follow-up. Information on each case is recorded and maintained as part of the Citizens Review Panel record. Cases in which there are ongoing issues of concern are frequently reviewed at subsequent meetings to ensure that case plans are implemented.

The review team's process, in which core group members are joined by relevant community participants on a case-by-case basis, allows multiple disciplines throughout the state to have input into the DCYF decision-making process. DCYF personnel have repeatedly stated that the information they receive from community leaders who were invited for comment is critically important in helping them exercise their responsibility to ensure the health and welfare of children at risk.

COORDINATED ASSESSMENT/CASE EXAMPLES: PHYSICAL ABUSE/PLACEMENT RECOMMENDATIONS

Child abuse statutes in Rhode Island define child physical abuse as the following: "a child whose physical…health is harmed or threatened with harm when his or her parent or other person responsible for his or her welfare inflicts or allows to be inflicted upon the child physical…injury, including excessive corporal punishment" (RI General Laws 40-11-2). This somewhat broad legal definition can leave practitioners with a degree of ambiguity regarding appropriate recommendations for placement in cases involving physical abuse. What constitutes "excessive" corporal punishment? Is physical punishment "excessive" only if there is evidence of extensive injury, e.g., bruises, cuts, and welts? Is physical punishment not "excessive" if a child reports multiple episodes of being hit but

with more minor physical injuries resulting? Should one isolated incident of corporal punishment resulting in multiple injuries be weighed more heavily than repeated incidents with less severe evidence of injury?

The Citizens Review Panel provides a forum for representatives of multiple disciplines to discuss such issues and receive feedback about appropriate placement recommendations for victims of physical abuse. Many such cases have been brought before the Panel for review during the past fiscal year. Here are some examples:

- A 9-year-old female was evaluated after reporting that her mother became angry about her poor report card and repeatedly struck her on her legs with a belt. The physical exam showed multiple patterned, linear, red lesions and loop marks between the knees and the ankles. The patient said her mother had never hit her on any prior occasion. The patient also said she felt safe in mother's home. The patient's mother expressed remorse about what she had done, and said she had never previously hit her daughter. Mother requested counseling services to help her manage her anger more appropriately and to provide parenting education.

- A 12-year-old female was evaluated after her mother hit her multiple times with a small wooden paddle. The physical exam noted multiple patterned bruises on her wrists, arms, legs, back, and buttocks. The patient said that her mother hit her because she went to the mall after school rather than attending cheerleading practice. The patient said her mother had never previously used physical punishment when disciplining her. The patient also said she felt safe in her mother's home. Mother said that when she went to school to pick up the patient's sibling, she was advised that there was no cheerleading practice scheduled for that afternoon. Mother said she became anxious when she returned home and the patient was not there. Mother said she then drove in her car looking for the patient, and became panicked when she could not find her. Mother said that when the patient did return home, the patient lied and said she had attended cheerleading practice. Mother acknowledged that she "lost control" because she had been worried and "desperate" about the patient's whereabouts. Mother said she then struck the patient repeatedly with the paddle. Mother expressed extreme remorse about her behavior and attributed her loss of control to panic about the possibility that the patient was missing because something bad had happened to her. Mother also attributed her loss of control to "desperation" about increasingly oppositional behaviors by the patient. Mother requested counseling services regarding appropriate discipline. Mother also requested family counseling to help her understand the patient's developmentally normal desire for increased independence.

- A 10-year-old female was evaluated after her teacher noticed that the right side of her face had a bruise. The physical exam noted a facial bruise and a

red mark on the patient's arm. The patient said that her mother hit her with a plastic toy wand because she was angry that the patient repeatedly refused to clean her room. The patient said her mother had never hit her before, but said that she was afraid of her mother. Mother expressed no remorse and said that her behavior was justified because the patient refused her directives to clean her room. Mother also said that the next time the patient disobeyed, she might break parts of the patient's body.

- A 6-year-old male was evaluated after disclosing that his father hit him with a belt. The patient said his father hit him because the patient had been hitting his sister. The physical exam noted one bruise on the patient's arm and another bruise on his leg consistent with being struck with a belt. The patient said that his father has hit him with a belt on previous occasions, but said he did not always have bruises or other physical injuries as a result of being hit. The patient said he was afraid to go home because his father hits him "hard" with the belt and "it hurts." Father admitted to hitting the patient, but defended his behavior because he was punishing the patient for hitting his sister. Father expressed no remorse about hitting the patient. Father also said he believed hitting a child with a belt was appropriate discipline, and said the patient had never previously had bruises or other injuries as a result of being struck with a belt.

In all four cases, the Panel served as a resource for involved disciplines to consider the complexities involved with each caregiver's disciplinary response. The Panel engaged in lengthy discussions about each case, and the group's decisions were used to help inform policies and practices.

In the first two cases, the Panel recommended that the patients remain in their homes with significant outpatient parent and family counseling. The Panel noted and expressed concern about the injuries that were inflicted, and weighed the consequences of placing the child in foster care vs. having the child remain in the home with counseling support. In making its decisions, the Panel noted that there had been no prior history of physical abuse, that the abusing parent was genuinely remorseful about his/her behavior, and that the parent was readily amenable to counseling services. The Panel also noted that both children said the offending parent had never previously abused them, and that both said they felt safe in their home.

In the second two cases, the Panel recommended that the patients be removed from their homes; one was placed in foster care and one was placed with a non-offending parent in another home. The Panel noted that the injuries to each child were not necessarily more significant than other cases in which physically abused children remained in the home. In making its decisions, however, the Panel noted that both children said they had been abused on multiple occasions and that both said they were afraid of the offending parent. The Panel also expressed concern

that neither parent was remorseful about their abusive behavior, and that both indicated they would continue to use physical punishment as a form of discipline.

FOSTER PARENTS/INFORMATION MANUALS

The number of children entering the foster care system in the United States continues to grow, with the latest statistics estimating that over half a million children are currently in foster care. National figures indicate that the average foster child will move between seven placements while he/she is in the foster care system. Many of those children have been the victims of abuse and/or neglect, and are coping with issues such as anxiety, depression, anger, and loneliness. They may have behavioral difficulties, including aggression, attention-seeking, and self-destructive behaviors. Foster children also frequently need more medical attention because their emotional stress can affect their physical health.

Foster parents often report they did not fully understand the challenges of caring for a traumatized child. Many foster parents say they aren't sure how to respond to a child who is openly acting out with aggressive behaviors, or whose sadness is so overwhelming that the child is apathetic and withdrawn. Foster parents also report they aren't sure how to ease the child's initial transition to their home, when children frequently have questions about where their siblings are and when they'll be able to visit their biological parents.

In response, members of the Citizens Review Panel wrote two comprehensive manuals to provide information to foster parents regarding medical and emotional/behavioral issues. The manual on medical protocols was designed to help foster parents recognize symptoms of illness in their foster child, and to help foster parents understand when the child should be seen by a doctor. The manual also includes information about injury prevention, including how to prevent head injuries and how to create a safe sleeping environment. The manual on psychosocial issues was designed to help foster parents recognize common behavioral and emotional responses to trauma and separation. The manual is organized around difficulties unique to specific developmental age groups. It includes information on what foster parents can say and do to help a traumatized child experiencing common trauma responses such as sadness, anger, guilt, and low self-esteem. The manual also gives foster parents advice about taking care of themselves as they deal with the challenges of helping a foster child.

Panel members had several meetings with DCYF for review and feedback regarding initial drafts of the manuals. Based on recommendations from DCYF, substantial material was added, including information about difficulties foster children may experience during the holidays and issues related to school bullying. Panel members also met with directors of Rhode Island foster care agencies for feedback about material to be included in the manuals. Additionally, Panel members queried several foster care agency providers around the country and

learned that most did not have information manuals available to their clients. The directors of the agencies indicated they believed the manuals would be a highly useful resource for their clients, and requested a copy of the manuals when they were produced.

A total of 2500 copies of each manual were professionally designed and printed with the help of a grant from the Amgen Foundation. Panel members have met with representatives of DCYF on two occasions to discuss distribution of the manuals to foster parents and agencies specializing in foster family support. Panel members will schedule a third meeting with DCYF to help determine the most efficacious methods to distribute the manuals. (See attached Addendum I)

EMOTIONAL ABUSE

In the 2003-2004 Citizens Review Panel report, the Panel recommended that DCYF and Panel representatives engage in discussions to review DCYF's operational definition of emotional abuse. The current definition requires that there be "impairment to the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior." The Panel's report expressed concern that the definition is reactive in nature, allowing the child protection system to intervene only after severe emotional dysfunction has occurred. The Panel recommended that discussions be initiated to determine if the scope of DCYF's current definition could be expanded to one with a broader and more preventive focus.

As a result of the Panel's recommendation, DCYF requested that a work group be convened to facilitate further discussion and review. In response, the Panel recruited group members from community-based social service agencies, the Office of the Child Advocate, Prevent Child Abuse Rhode Island, a local school system, as well as representatives from DCYF and Hasbro Children's Hospital. The group developed a survey to be distributed to Rhode Island pediatricians, pediatric emergency medicine physicians, child psychiatrists and child psychologists, clinical social workers, teachers, and school nurses. The survey received recent approval from Rhode Island Hospital's Internal Review Board. Upon receiving approval, Panel members sent surveys to over 850 respondents within the professions identified above. When the survey results are collated, the Panel will reconvene the work group to discuss how the results may inform further discussion and review of DCYF's current operational definition. (See attached finalized survey, Addendum II)

RECOMMENDATIONS

In light of the above, the Citizens Review Panel makes the following recommendations to DCYF:

1. The Citizens Review Panel's multidisciplinary forum is a highly useful venue and should be continued. DCYF personnel have found the process to be extremely helpful, and care-providers for children in the community have appreciated the greater access that the forum's outreach provides to DCYF. The process has facilitated communication among multiple disciplines throughout the community serving children at risk.

2. The emotional abuse work group convened by the Panel should resume its meetings after survey results have been received and collated. The survey results should be used to inform further discussions about DCYF's current operational definition of emotional abuse.

3. Panel members should continue their discussions with DCYF to determine the most efficacious methods to distribute medical and behavioral information manuals to foster parents and agencies serving foster parents and their families.

As in every year since the inception of the Citizens Review Panel, we remain highly impressed with DCYF's willingness to collaborate with the community and to work with the Panel. DCYF staff has been open and receptive with community leaders, and DCYF continues to work with the Citizens Review Panel to provide a coordinated response to children in need.

Christine Barron, MD
Assistant Professor of Pediatrics
Brown Medical School
Chair, Citizens Review Panel

State of Rhode Island and Providence Plantations

Rhode Island Department of Children, Youth and Families

Donald L. Carcieri
Governor

Patricia Martinez
Director

As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment

July 16, 2009

Christine Barron, M.D.
Chair, Citizen Review Panel
Rhode Island/Hasbro Hospital
Clinical Director, Child Protection Program
Coro Building
1 Hoppin Street, Room 2.300
Providence, RI 02903

Dear Dr. Barron:

I am pleased to accept the report on activities of the Citizen Review Panel for 2008-2009. As in previous years, this report demonstrates a depth of professionalism and commitment to provide a consistent, multi-disciplinary forum for our Department to fully examine the issues regarding allegations of child maltreatment.

The issues raised in this current Citizen Review Panel Report are well reasoned and quite significant. This past year, the Panel has helped the Department address concerns of foster families to ensure that they are able to provide compassionate and effective care and support for the children in their care. Relevant and insightful manuals have been produced as critical resources for foster parents to better understand the needs of children who have experienced trauma.

Another area that the Citizen Review Panel has been working on now for a few years remains an issue worthy of continued pursuit. The Department agrees with the Report's recommendation to continue to examine the Department's current operational definition of emotional abuse; and toward that end, resume the activities of the emotional abuse work group to analyze survey results on this matter. This continued work should inform any need for a revision to current policy. The Department also accepts the recommendation for continuance of the work of the Citizen Review Panel.

Again, thank you for your spirit of collaboration and commitment to continuous improvement in the manner in which our collective systems respond to protect and care for our most vulnerable children and families.

Sincerely,

Patricia Martinez
Director

101 Friendship Street, Providence, Rhode Island 02903 • Voice: (401) 528-3549 Fax: (401) 528-3590 - TDD: (401) 222-5093
visit our website at: https://www.dcyf.ri.gov

ADDENDUM I

INFORMATION MANUALS FOR FOSTER PARENTS

Table of Contents

Thanks to everyone who made this manual possible, especially Dr. Christine Barron of the Child Protection Program at Hasbro Children's Hospital; the Rhode Island Department of Children, Youth, & Families; the Rhode Island Foster Parents Association; and a grant from the Amgen Foundation through the Community Health Clerkship at The Warren Alpert Medical School of Brown University.

Referenced sources include:
The American Academy of Pediatrics website at www.aap.org
MD Consult website at www. mdconsult.com.

Table of Contents

Boxes

Sources used in preparing this manual include *Children Changed by Trauma* (1999), by Debra Whiting Alexander, PhD., and *Understanding Your Child's Sexual Behavior: What's Natural and Healthy* (1999), by Toni Cavanaugh Johnson, PhD.

ADDENDUM II

EMOTIONAL ABUSE SURVEY

Survey for Evaluating Emotional Abuse

Thank you for your participation in this survey. Emotional abuse is a repeated pattern of interactions between caregivers and children that can include belittling, degrading, threatening, rejecting and isolating. The **operational definition** of emotional abuse used by the Rhode Island Department of Children, Youth and Families (DCYF) is listed below for your reference:

Definition: Impairment to the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior, with due regard to his/her culture.
Usage: The child's emotional condition must be directly attributable to a direct act by the caregiver.
Caveat: To indicate this allegation, a medical professional such as a physician, psychiatrist, psychiatric social worker, or psychiatric counselor must be the source of diagnosis.

---

1. Please check the group that best identifies your profession:
   - Pediatrician
   - Pediatric Emergency Medicine
   - Psychiatrist
   - Psychologist
   - Family Medicine
   - Nurse Practitioner
   - Nurse
   - Social Worker
   - Other _____

2. What type of setting do you work in?
   - School
   - Mental Health Center
   - Pediatric Hospital
   - Ambulatory Health Center
   - Psychiatric Hospital
   - Other _____
   - Private Practice

3. How long have your worked in your profession? _____

4. What age group(s) of children do you work with? (Please check all that apply)
   - 1 – 11 months
   - 5 – 9 yrs
   - 15 – 18 yrs
   - 1 yr – 4 yrs
   - 10 – 14 yrs
   - All Ages

5. Have you **ever** been concerned about emotional abuse by a parent/caregiver of a patient/student? Yes No (If No, go to question 10)

   If Yes, have you been concerned within the last:
   - Year? Yes No
   - Two years? Yes No
   - Five years? Yes No

6. If you have ever been concerned about emotional abuse:

   a. What is the approximate number of patients/students you have had concerns about in the course of your career? _____

   b. Who has been the alleged offender? (Please check all that apply)

      Mother — Paramour (parent's boyfriend/girlfriend)
      Father — Grandparent
      Stepparent — Foster parent
      Other (define) _____

   c. How frequently did **each** of the following items contribute to your overall concerns of emotional abuse? Please use rating scale: 0 – never, 1 – rarely, 2 – sometimes, 3 – usually, 4 – always.

      - Demeaning comments made to the child **0 1 2 3 4**
      - Threatening comments made to the child **0 1 2 3 4**
      - Child exposed to emotional harm between others (domestic abuse issues) **0 1 2 3 4**
      - Basic emotional needs being neglected **0 1 2 3 4**
      - Other (define)_____ **0 1 2 3 4**

7. Please check which one of the following has **most frequently raised** your concerns about emotional abuse:

   Disclosure by the child
   Witnessed behaviors of caretaker(s) directly
   Concerns raised by others
   A combination of reports and witnessed events
   Other _____

8. Did you report your concerns to DCYF? Yes No

   a. If yes, was your report investigated by DCYF? Yes No Not sure

   b. If you did **not** report your concerns to DCYF, why not? (Please check all that apply)

      Assumed case would not be investigated
      Assumed reporting would cause more problems for the child
      Assumed working with the child and family without DCYF involvement would be more effective
      Unclear what constituted emotional abuse
      Other _____

9. What course of action did you take when there were cases you were concerned about, but did **not** make a report to DCYF?

_____

_____

10. Above is the operational definition of Emotional Abuse in Rhode Island.
Do you think this is an adequate definition? Yes No

Why or why not:_____

_____

_____

11. Should the definition of Emotional Abuse include documented impairment or **risk** of impairment? (i.e. Does the effect of the abuse already need to be evident in order to call it emotional abuse?)

Documented impairment Risk of impairment Other
(Please specify) _____

12. Who do you think should complete assessments for possible Emotional Abuse? (Please check all that apply)

Primary Care Physicians
Emergency Department Physicians
Mental Health Counselors
Nurses
Psychiatrists
Psychologists
Social Workers
Other _____

13. Please list any prevention programs you are aware of and/or that you utilize for families where there are concerns of emotional abuse.

_____

_____

14. Please provide any additional information you think would be helpful.

_____

_____

Please return survey to: Christine Barron, MD at Hasbro Children's Hospital
Child Protection Program, Coro West, 1 Hoppin St., Suite 2.300, Providence, RI 02903
Phone: 401-444-3996 Fax: 401-444-7397
Thank you for your assistance!

Neighborhood Health Plan of Rhode Island
Policy and Procedure
Page 108 of 177

Policy Name:	Care Management Protocols for Children with Special Health Care Needs
Policy Number:	MMG-150.00
Applicability:	CSN and Substitute Care Lines of Business
NCQA Standard Number(s):	
DHS Reference	Attachment Q- DHS Amendment Dated July 2008
Approval Date:	11/1/08
Regulatory Reference(s):	
Review Date(s):	
Revision Date(s):	

A. Introduction/Purpose:
The goals of Neighborhood's Care Management Programs are to assist members to achieve optimum health and improved functional capability in an appropriate setting that is cost-effective. The purpose of this procedure is to define Neighborhood's standards for assessment, documentation, ongoing monitoring, management, evaluation and case closure criteria in support of this goal.

The Pediatric Case Management (CM) staff completes enrollment screens consisting of initial health needs, Level I and Level II Assessments (when applicable) for any child or adolescent that is newly enrolled in the CSN/Substitute Care lines of business. This procedure will help to proactively identify medically necessary medical and behavioral health service needs, access barriers, and to determine individual acuity level

B. Policy:
The CM staff use a consistent process to collect data on all new CSN and Substitute members by completing the enrollment screening tool. The Initial Health Assessment will be completed for every newly enrolled member into the CSN or Substitute Care program.

For Substitute Care members (5100 and 5211), the DCYF Caseworker will be *notified* of all referrals made to any NHPRI Care Management Programs.

***COB* indicates coordination of benefits. This is a provision establishing an order in which plans pay their claims. Rite care is always considered secondary to all other insurance plans therefore not eligible for Care Management Programs. CSN members with COB are eligible for Care Management Programs.**

C. Timelines:
- Initial Health Screens, must be completed within 45 days of enrollment into the health plan.
- Level 1 Needs review and Short Term Care Coordination must be completed for all indicated children within 30 days of completion of the initial health screen by the Health plan.
- Level 2 Needs review and where indicated the ICM Plan must be completed within 30 days of the Initial Health or Level 1 needs review assuming family
- Newly enrolled members in the CSN line of business may continue to receive services from non participating practitioners with who they have an established patient-physician relationship for up to six (6) months following the date of enrollment.

D. Process:
The Pediatric Case Management staff uses a consistent care planning process that involves / engages the member in the identification of goals and the interventions to support those goals and achieve better health outcomes; monitors member progress through interactive outreach, follow-up, and evaluation.

Activities of the Pediatric Case Management staff, including but not limited to the identification and assessment of progress to meet short-term and long-term goals, ongoing interaction with practitioners/providers, and conducting ongoing follow-up with each member are documented in Neighborhood's case management software and are accessible to Utilization Management, Disease Management and all Case Management staff.

Neighborhood's case management software system allows for automated documentation of the following for each interaction that occurs with the member: user ID (name of Case Manager), date and time of the interaction. The case management software system generates an automated follow-up schedule based on the short- and long-term goals identified during the assessment. Case Managers are also able to build or modify the schedule for follow-up outreach to the member based on their clinical judgment. Case Management Care plans are available to the member, the member's guardian / representative, and/or the member's practitioner(s) or provider (s) upon request. Members have the right to decline participation or disenroll from Neighborhood's case management programs and services at any time.

The Case Management staff work collaboratively with and communicate with network practitioners, hospitals, external resources, and state and community agencies, including but not limited to DCYF, CEDARR Family Centers, WIC, and the Adolescent Self-Sufficiency Collaborative, to assure coordinated care and treatment plans for members.

E. CSN-SUB Enrollment Screen Procedure:

1) Cases will be assigned to the Pediatric Case Management Team twice a week via an assigned episode of care in the Case Management Software System by the Team Lead or designee.

2)Upon referral or identification using Neighborhood's data sources that a member is eligible for enrollment in Neighborhood Health Plan a Case Manager or Care Coordinator outreaches and completes an initial assessment of the member within 45 days of the members' effective date of enrollment. If the Case Manager or Care Coordinator is unsuccessful in reaching the member or family after three (3) failed telephone phone call attempts a "Call Me" letter is sent to the member with a request to follow-up / contact Neighborhood's Case Management staff. Cases left open after 30 days are closed.

3) Case Managers review the following prior to initiating contact with the member:

a. Prior events / history of the member's experience in Neighborhood's case management programs;
b. Medical and pharmacy claims history;
c. Any relevant detail available and/or submitted with the program referral to better understand the member's case.

4) Upon successful contact with the member, the Case Manager discusses the Care Management Program and provides a brief overview of what the member can expect, including but not limited to the following:

a. A description of the Case Manager relationship
b. Availability of a written care plan upon request
c. Case Manager contact information
d. Neighborhood's complaint procedures
e. Member's right to decline participation in the Care Management Programs and/or disenroll from the programs and/or services offered by Neighborhood

5) The Care Manager initiates the care planning process with a comprehensive review of the member's existing / current medical and the psychosocial concerns / barriers that contribute to the member's health status. Case Managers use the automated tools available within Neighborhood's case management software to assess and document the following at the time of initial assessment:

a. Initial assessment of member's health status including condition-specific issues and co-morbidities.
b. Clinical history, including disease onset and medications
c. Initial assessment of activities of daily living
d. Initial assessment of mental health status, including cognitive functioning.
e. Initial assessment of life planning activities, including the presence or absence of an Advance Directive
f. Evaluation of cultural and linguistic needs, preferences or limitations
g. Evaluation of care giver resources / availability of assistance /community resources
h. Evaluation of in-plan and out-of-plan health benefits available to the member or if member is already involved with one of these resources
i. School issues/Presence of an IEP or Section 504 plan
j. Housing/transportation
k. General life and health goals

6) The Care Manager requests the member's verbal acceptance of enrollment into the Care Management program, and explains to the member his/her rights to decline participation at any time. Verbal consent or a request to refuse participation is documented in the program.

7) Care Managers contact applicable external agencies (described above) to better understand the member's medical and psychosocial history. Case Managers request a copy of the Family Care Plan developed by CEDARR Family Services in the case of members who have an ongoing, established relationship with the agency.

F. Development of the Care Management Care Plan

1) The Case Manager evaluates the information obtained during the initial assessment and works with the member and his/her practitioner (s), provider

(s), and when necessary Neighborhood's Associate Medical Director or physician consultants, to create an individualized care plan to outline his/her needs and the targeted interventions planned to improve health outcomes. The individual care plan includes:

a. Short-term and long-term goals that are measurable, specific, time-limited, and individualized to the member
b. A schedule for follow-up, re-evaluation, and communication to the member, as agreed upon between the Care Manager and member
c. Identification of problems or barriers that could adversely impact the successful achievement of short-term goals, long-term goals and the effectiveness of the care plan
d. Development and communication of self management plans for the member while enrolled and when discharged from the Care Management Program.

2) The care plan is discussed and reviewed with the member at the time of initial assessment. The care plan must be evaluated and updated as needed while active in the program, but not less frequently than every 3 months.

3) Additionally, the Care Manager documents the following for each member:
   a. Involvement of the member's family and/or caregivers in the care plan
   b. Referrals to appropriate resources made to the member, i.e. Neighborhood's smoking cessation program, community resources/programs or other appropriate resource.

G. CEDARR Family Centers

CEDARR stands for **C**omprehensive **E**valuation, **D**iagnosis, **A**ssessment, **R**eferral and **R**eevaluation services and supports. The basic component of the CEDARR initiative is the CEDARR Family Center. The CEDARR Family Center is intended to serve as a family centered, comprehensive source of information, clinical expertise, connection to community supports and assistance to aid the family in meeting the needs of their child.

Each child and his or her family will have the opportunity to voluntarily utilize a CEDARR Family Center to help identify and understand their child's strengths and needs, develop a Family Care Plan for the child and family, and help with referrals, and related services and supports.

Services provided through the CEDARR Initiative are designed to improve the appropriateness of care, support a more positive family centered system of care, promote clinical excellence, improve outcomes and promote overall cost effectiveness for Medicaid eligible children with special needs. In addition, the CEDARR Initiative will establish the means to support new and expanded services in critical areas that currently do not exist or are limited.

1. A family may choose to use a CEDARR Family Center for assessment, evaluation, and referral only; or to maintain an ongoing relationship using different supports as their needs change over time.

   a. All families are informed of the option of accessing a CEDARR Family Center for additional services and supports at the time of the Initial Health Assessment. Should the family request a CEDARR referral they will be referred to a certified CEDARR Family Center of their choice. Assistance with making an appointment is provided by CM staff, as needed.

   b. If upon initial assessment it is determined that a family is actively involved or has had a prior involvement with a CEDARR Family Center (CFC), the care manager will contact the CFC to collaborate with the coordinator or clinician on the formation of the Health Plan care plan using the Family Care Plan formulated by CEDARR. This should be completed within 5 days of the completion of the initial, Level 1 or Level 2 health screen.

   c. NHPRI will provide CEDARR with any information that was obtained telephonically by the initial, Level 1 or Level 2 assessment within 5 days of receipt of information.

2. While the member is active with CEDARR and NHPRI care management programs there shall be no less than an every month follow up between CEDARR and NHPRI to communicate any changes or convey any updates on the member or to inform of closure from the program.

3. All activity between NHPRI and CEDARR will be documented in the case management software system using the note template entitled "CEDARR-NHPRI Collaboration"

H. Ongoing Monitoring and Evaluation of the Care Plan

Care Managers monitor and evaluate each member's progress toward short-term and long-term goals in the following ways:

1) At the time of initial assessment and development of the care plan, the Care Manager updates the care management "To Do" list and identifies the times for member contact / outreach in accordance with the schedule detailed above. During each scheduled follow-up/outreach scheduled, the Care Manager assesses the need for more frequent communication, documents the modification in the case management program and revises the "To Do" list as necessary.

2) Case Managers communicate with the member's provider(s) of care and other identified supports i.e. DCYF Caseworker, to assure coordinated care and treatment plans, and to obtain / exchange pertinent information that may impact progress toward goal achievement. Frequency of communication is determined by the Case Manager and considers the scope of the member's overall treatment plan, including but not limited to the treatment plans developed by Neighborhood Case Management, his/her provider (s) and any other external agencies involved in the member's care. Evaluative findings and communications with family member(s), DCYF Caseworker, DHS, providers, placement provider and other agencies are documented.

3) Prior to each scheduled outreach/follow-up phone call, the Care Manager evaluates Medical Review and claims data to determine if appointments agreed upon as part of the care plan have been kept and prescriptions have been appropriately filled. In the absence of Medical Review or claims data, the Care Manager contacts the member's provider (s) of care to confirm that appointments have been kept.

4) During each scheduled follow-up/outreach phone call with the member or the member's guardian / representative, the Case Manager evaluates and documents the following in a narrative note in the case management software program:

    a) Member's status and progress toward reaching each of the short-term and long-term objectives identified as part of the treatment plan
    b) Member's progress toward the implementation of agreed upon self-management plans
    c) Updates on health status, care needs, or newly identified health concerns
    d) Updates received from external practitioners or agencies involved in the member's care plan.
    e) Identification of any barriers to meeting the treatment plan and goals
    f) Any alternative care / resource interventions that the member may be receiving

5) Case Managers assess progress against the care plan and adjust the care plan as necessary, or move to discharge the member in the event that short-term and long-term goals and case closure criteria have been met.

I. . Care Management Case Closure Criteria

1) Care Managers discuss the member's progress and case closure criteria throughout the care management process.

2) Care Managers use the following case closure criteria to identify those members who are no longer in need of complex case management services:
    a) Short-term and long-term goals are met
    b) Member has achieved his or her maximum improvement potential
    c) Member is no longer eligible to receive services from Neighborhood
    d) Member has demonstrated non-adherence to the care plan and is not engaged in the program
    e) Care Manager outreach attempts fail to elicit a return response or phone call from the member (three telephone contacts and 1 "Call Me" letter sent at minimum)
    f) Member has transitioned to another Care Management Program
    g) Member has expired
    h) Member (or his / her guardian or family) no longer wishes to participate

3) If the member is in the custody of DCYF, Neighborhood's Case Managers are responsible to contact the DCYF caseworker prior to the member's discharge from the Care Management Program.

4) Care Managers document the reason for case closure and close the case in the case management software system. The member (or parent/guardian as applicable) is transferred to Neighborhood's Interactive Voice Response (IVR) system, as appropriate, so that the member (parent/guardian) may complete an automated satisfaction survey.
5) If a case is closed due to the inability to locate a member (parent/guardian) after following the case closure criteria listed above, there is no transfer into the Interactive Voice Response (IVR) system. The case is closed as "unable to locate".

J.. Referrals to Care Management Programs other than through Enrollment screens

Neighborhood's Medical Management Department utilizes the following sources of data to identify members who may benefit from complex case management intervention in order to maximize positive health outcomes and to provide high quality, member-focused, and cost effective care.

- Claims or encounter data
- Hospital discharge data
- Pharmacy data
- Data collected through utilization management processes

The Care Management Program has established multiple referral mechanisms for members to be considered for case management services in a timely manner and in some cases, in advance of the data sources described above. These include but are not limited to:

- Referrals from hospital discharge planner
- Member self-referrals
- Practitioner referrals
- Neighborhood's Pharmacy staff
- Referrals from:
  - -Neighborhood's Disease Management
  - - Utilization Management
  - - Pharmacy
  - - Customer Service staff

K. Procedure:

a) Referrals are done electronically through the case management software system to the appropriate Team Lead (Adult or Pediatric). After review and potential collaboration with the originator of the referral, the referral is assigned to a member of the Care Management team.
b) Referrals for Beacon Health Strategies are done directly through the case management software system. An e mail link to the referral is received by a Beacon Team Lead and they assign the referral accordingly.
c) The same processes apply from assessment to case closure as listed above for referrals and enrollment into a care management program outside of the enrollment period of time.

Applicability: Pediatric Case Managers, Pediatric Social Care Coordinators

Cross Reference(s):
Task Procedure(s):
Policy and Procedures:

Other Materials:
Involved Department(s): Medical Management

Violation of Policy:

Monitoring Responsibility: Team Lead of Pediatric Case Management and Manager of Case Management
P&P Responsibility: Team Lead of Pediatric Case Management and Manager of Case Management

RIte Smiles

RIte Smiles is Rhode Island's dental program for young children who have Medical Assistance coverage. Eligible children enroll in a dental plan through UnitedHealthcare Dental.

Eligibility

- Children who have Medical Assistance coverage (RIte Care, RIte Share, or Medical Assistance fee-for-service) and who were born on or after May 1, 2000.
- Children must be Rhode Island residents.
- Children cannot have other dental insurance or live in a nursing facility.

How to Apply

Children who are eligible for Medical Assistance and who were born on or after May 1, 2000, will be automatically enrolled in RIte Smiles.

For More Information

- UnitedHealthcare Dental/RIte Smiles
  Member Services 1-866-375-3257
- Find a dentist - check the website UnitedHealthcare Dental/RIte Smiles
- Covered Dental Services for children under age 21 

LINKS

- Oral Health Education Materials

RI Medical Assistance Program
Covered Dental Benefits for Children Under Age 21

Service	How Often & Description
Preventive Services	
Routine dental exams	Every 6 months;
Cleanings	Every 6 months;
Flouride treatments	Every 6 months;
Sealants	Covered only for permanent molars; One treatment per tooth every 5 years.
Diagnostic Services	
X-rays	Intraoral/complete series- Every 4 years; Bitewing- Once every calendar year; Panoramic Film- Every 4 years;
Restorative Services	
Fillings	As needed;
Crowns	As medically necessary;
Dentures, partial or complete	As medically necessary;
Other Services	
Space maintainers	As needed; Removable space maintainers will not be replaced. Medical Assistance will only pay once for recementation of any space maintainer.
Oral Surgery	Extractions (removing a tooth) or other mouth surgery; as medically necessary.
Orthodontics	As medically necessary in order to correct a handicapping malocclusion; (Requires prior authorization).
Other Dental Services	As medically necessary; (Requires prior authorization).
Emergency dental care services	As medically necessary;

Utilization of Psychotropic Medication in Emergency Situations

Rhode Island Department of Children, Youth and Families

Policy: 1000.0030

Effective Date: Sept. 29, 1986 Version: 1

In order to prevent unnecessary utilization of psychotropic medication in residential care programs, all dispensing of this medication in emergency situations shall be monitored, documented, and reviewed. The purpose of this policy is to ensure the health, safety, and welfare of the youngster in placement.

The initiation of psychotropic medication for behavioral management purposes presents possible risks to the youngster. Psychotropic medication shall be considered only when there is a situation of harm to self or others and when all other attempts to intervene and stabilize the crisis situation have either been tried and failed or have been diagnostically eliminated.

Psychotropic medication shall not be initiated unless the patient has been examined by a psychiatrist/physician. However, if the youngster is already receiving psychotropic medication which is prescribed and periodically reviewed by a treating psychiatrist, successful altering of the dose can be managed by a qualified psychiatric nurse reporting to the psychiatrist. All other situations demand direct assessment by a psychiatrist/physician.

It is the position of the Department that each residential care program have written procedures governing the administration of psychotropic medication in emergency situations. The requirements listed below shall be incorporated into the program's written procedures.

Related Procedures

Emergency Assessment

Utilization Review

Emergency Assessment

Procedure From Policy 1000.0030: The Utilization of Psychotropic Medications in Emergency Situations

A. A youngster in crisis is referred to a community mental health center or other medical facility which has a pre existing emergency plan with the residential program.
   1. Residential staff person consults with immediate supervisor prior to referral.
   2. Staff person secures safety of youngster through use of police, rescue, holding, restraint, if necessary.

B. Emergency clinician (master's level or R. N.) evaluates crisis situation and determines need for immediate psychiatric assessment and treatment. The assessment includes a case review, a review of the crisis situation, and a mental status evaluation.

C. The youngster is seen by an emergency psychiatrist/physician who determines the following:
   1. No medication indicated; or
   2. Emergency dose of medication indicated due to immediate risk of serious harm to self or others and by virtue of current mental status:
      (a) PRN Orders are not allowed under any circumstances.
      (b) If a repeat dosage of medication appears necessary, the staff member may contact the psychiatrist/physician by phone with a description of the child's condition. The repeat dosage may be ordered within forty eight (48) hours of the last psychiatrist's/physician's evaluation. If forty eight (48) hours have elapsed since the last evaluation, another evaluation will be necessary.

D. If medication is administered, the youngster may, depending upon his/her response to the treatment:
   1. Return to the residential program.
   2. Be referred for inpatient care.

E. If a youngster received medication, he/she is then referred at the next possible date for a comprehensive reevaluation by a psychiatrist.

F. Residential program staff person completes the Emergency Medication Report (DCYF #121). The report is forwarded to Community Resources Program Monitor for review by appropriate Departmental staff.

Utilization Review

Procedure From Policy 1000.0030: The Utilization of Psychotropic Medications in Emergency Situations

A. If medication has been prescribed, the crisis situation and the use of the medication is reviewed at Utilization Review meetings.
   1. Each crisis situation is to be reviewed no longer than one (1) week after the crisis occurs.
   2. The following individuals will attend the Utilization Review.
      a. Medical Director of the Program.
      b. Director of the Program.
      c. Medical staff person (Physician, RN).
      d. Staff person responsible for clinical services.
      e. Staff person responsible for daily care of the child.

B. Reports and material pertaining to the emergency use of medication are maintained in the child's record and will be open to DCYF inspection

Caseworker Visits with Child Improvement Plan

June 23, 2008

Outcomes and Indicators		Action Steps	Benchmark	Method of Measure	Person Responsible	Projected Timeline	Accomplishments/Barriers Comments
WB 1: Families have enhanced capacity to provide for their children's needs.							
Item #	**Objective**						
19 - Casework visits with child	Obj. 19 - Achieve 90% consistency in monthly face-to-face caseworker visits with child by 2011.	19.1 – Make a determination whether to resubmit FFY 2007 data to be used to establish a new baseline.	19.1.1 – Review data categories used to inform caseworker contact for purposes of face-to-face visitation.	Data categories used are reviewed and compared with data categories captured in the Dashboard Reports.	Department Caseworker Visit Planning Group.	3rd Quarter FFY 2008 Completed	Caseworker Visit Planning Group met on March 17, 2008 to review federal requirements for improving monthly caseworker visits with child. The group reviewed two lists of data categories and identified additional categories to include for a subsequent data query using the ACF calculation guidance.
			19.1.2 – Determine whether additional categories are appropriate to accurately reflect this activity.	Determination made.	Department Caseworker Visit Planning Group.	3rd Quarter FFY 2008 Completed	The planning group met on April 4, 2008 to review results of the new data report and found that the additional categories did provide additional value. It was agreed that the additional data categories would be used to accurately reflect the activities relating to caseworker visits with child.
			19.1.3 – Review frequency of caseworker face-to-face visits with data for AWOL youth included in the denominator.	Data reviewed.	Department Caseworker Visit Planning Group.	3rd Quarter FFY 2008 Completed	The planning group met on May 2, 2008 to review additional data and program guidance regarding the inclusion of AWOL youth. ACF was contacted for further guidance in light of the increased number of categories identified to capture face-to-face caseworker visitations. It was advised that a new baseline should be established.
			19.1.4 - Based on inclusion of added data categories including AWOL youth, determine whether a new baseline should be established.	Determination made.	Department Caseworker Visit Planning Group.	3rd Quarter FFY 2008 Completed	It was determined that the FFY 2007 data will be resubmitted in the 2008 APSR to establish a new baseline. This baseline will be inclusive of the additional data categories for face-to-face visitation and the AWOL youth in the denominator, which will ensure that the Department will be using a consistent methodology for projecting improved performance

							through 2011.
		19.2 – Implement team approach to ensure monthly caseworker visits with children in foster care.	19.2.1 – Identify appropriate team composition to ensure monthly face-to-face quality visitation with children in foster care.	Team composition for caseworker visitation identified.	Department Caseworker Visit Planning Group.	3rd Quarter FFY 2008 Completed	The planning group identified a team composition as being inclusive of Family Service Unit (FSU) social caseworkers, child support technicians, juvenile probation workers and juvenile probation and parole service technicians, as well as FSU and Probation supervisors. It was agreed at the May 2 meeting that the draft policy for worker/client visitation would be reviewed again for any further modification to reflect the team composition approach prior to promulgation. The draft policy was circulated for further review/comment to be completed by May 12.
			19.2.2 - Develop standards for team approach to shared caseworker visitation responsibilities.	Caseworker visitation team approach standards established.	Dot Hultine – Policy Office	~~4th Quarter FFY 2008~~	New policy was developed and prepared for public comment in February 2009. The new policy has not yet been finalized for promulgation. The target date for completion is extended to FFY 10.
			19.2.3 – Develop protocols for roles in shared responsibilities relating to team approach across FSU and JJ caseloads.	Protocols established.	FSU and JJ Administration	~~4th Quarter FFY 2008~~	Service plan issues need to be addressed; all points relating to purpose of face to face need to be achieved. The target date for completion is being extended to FFY 10.
			19.2.4 – Conduct orientation on new standards and protocols for FSU and Juvenile Probation in the Regions.	Orientation conducted.	Dot Hultine, FSU and JJ Administration.	~~4th Quarter FFY 2008~~ 3rd Quarter FFY 09 Completed	This will be coordinated with the implementation of the new case activity note RICHIST enhancement. Orientation trainings for the new policy and RICHIST enhancements were conducted in each of the Regions in April – May 2009: Region I – 4/24 Region III – 4/22 Region II – 4/13 Region IV – 5/13
			19.2.5 – Develop training curriculum for standards and protocols to implement shared	Training curriculum developed.	Bruce Rollins - Child Welfare	~~1st Quarter FFY 2009~~	Specific training curriculum relative to standards and protocols has not be completed as of July 2009.

			caseworker visit responsibilities through team approach.		Institute		
			19.2.6 – Implement mandatory training schedule for shared caseworker visit responsibilities with 315 targeted line and supervisory staff Department-wide.	Training initiated.	Bruce Rollins - CWI	Initiated by 1st Quarter FFY 2009	Department identified the targeted staff to include 200 social caseworkers across all Regions; 44 supervisors, 23 child support technicians; 42 Juvenile Probation counselors and 6 Juvenile Probation supervisors.
			19.2.6 – 45% of 315 targeted staff will be trained by March 31, 2009.	Training completed.	Bruce Rollins - CWI	2nd Quarter FFY 2009	Targeted training has not yet been completed. This will coincide with the finalization of the policy.
		19.3 – Enhance RICHIST data system to capture information relevant to caseworker visits with foster children.	19.3.1 – Prioritize RICHIST windows modification to better capture caseworker visit data.	RICHIST windows modification approved for immediate implementation.	Leon Saunders – Senior Team	3rd Quarter FFY 2008 Completed	Senior Team approved prioritizing the RICHIST enhancement to more effectively capture caseworker visits with child in March 2008. A workgroup including FSU was been formed to work on the redesign to ensure that the design captures the information needed to support documentation and practice activities.
			19.3.2 - Modify design of RICHIST activity note windows to allow caseworker visits and responsibilities to be captured in a quantifiable manner.	RICHIST windows modification completed.	Leon Saunders - IT	4th Quarter FFY 2008 Completed	RICHIST was modified in June 2008 to allow workers to record face-to-face visits and to identify whether the visit was in the residence of the child.
			19.3.3 – Build additional Dashboard Report function to provide real-time monitoring of face-to-face activity based on Federal requirements.	Enhanced Dashboard Report functionality completed.	Leon Saunders -IT	1st Quarter FFY 2009 Completed	In December 2008, a new dashboard report showing face-to-face contacts on a calendar month basis was implemented. Supervisors were given a demonstration on its use at that time.
		19.4 – Improve Department data entry capacity	19.4.1 – Develop standardized form to prompt and guide	Standardized form developed for use across Regions and	FSU and Probation Administrati	~~4th Quarter FFY 2008~~	**Need to do:** Establish definitions regarding caseworker visits Establish Tools – develop best approach for contact

		regarding caseworker visit activities.	collection of critical information for caseworker visits to be used Department-wide.	Probation.	on	Still to be done	guidance using variety of prompt materials from ICPC, Region II, Oklahoma CFSR, etc. Sue, Paula and Dot to work on this.
			19.4.2 – Regional and Probation Administrators emphasize critical nature of data entry for caseworker visit documentation.	Data entry schedule implemented in Regions and Probation Units.	Department, FSU and Probation Administrators	~~4th Quarter FFY 2008~~	Establish monitoring procedures to ensure data entry. Not yet completed.
			19.4.3 – Maximize data collection by identifying and supporting multiple points of data entry.	Data collection points identified and supported.	FSU, Probation Administration and IT.	1st Quarter FFY 2009 Partially completed… ongoing.	**Need to do:** ° Regions to promote use of Speakwrite – **Speakwrite was promoted in the 2nd Quarter. The service was interrupted for a short while during a rebid process for the vendor.** ° Train staff to use Speakwrite if needed ° Modify spam detectors to allow Speakwrite emails to penetrate – **the span detector was adjusted to ensure emails containing dictation could be received.** ° Identified dedicated person(s) within Regions to ensure caseworker visits data are entered ° Other technology supported options
			19.4.4 – Establish continuous quality improvement tracking mechanism.	Data entry CQI process established.	Department Caseworker Visit Planning Group.	1st Quarter FFY 2009 Partially completed	**Need to do:** ° Regional Directors, Supervisors, JP Sups set and maintain monitoring procedures to ensure timely data entry for caseworker visits. ° Additional Dashboard functionality will be established in 1st quarter of FFY 09 to allow for real time monitoring of caseworker visit activities
		19.5 – Establish capacity for ensuring monthly caseworker visitation for children living out-of-state.	19.5.1 – Identify number and location of children placed in nearby and distant out-of-state treatment facilities.	Population of youth in out-of-state placements identified.	Department Caseworker Visit Planning Group.	4th Quarter FFY 2008 Completed - ongoing	ICPC Administrator provides guidance to staff within the Regions regarding face to face documentation for out-of-state placements involving parental, foster care and pre-adoptive placements. The Department has a contracted provider that conducts reviews for children placed in residential facilities out of state, and the contacts made by this provider are documented in RICHIST to reflect FTF contact. At present, these

							visits are conducted on a quarterly basis.
			19.5.2 – Explore options to ensure consistent monthly visitation of youth in out-of-state placements.	Options reviewed and documented.	Caseworker Visit Planning Group.	4th Quarter FFY 2009	**Consideration of the following:** ° Role of RI WRAP Network ° Other contracted providers ° ICPC foster care agreements, quarterly reports can pick up monthly visit contact information ° MIS notification regarding data entry requirements
			19.5.3 – Adopt visitation strategies most appropriate to ensure integrity and continuity of caseworker visit responsibilities for children in out-of-state placements.	Monthly out-of-state caseworker visitation strategies adopted.	Caseworker Visit Planning Group.	1st Quarter FFY 2010	
		19.6 – Establish feasible annual percentage increases in FFY 2007 baseline for monthly caseworker visits with child.	19.6.1 – Determine achievable performance targets for face-to-face caseworker visits.	Performance targets set.	IT/MIS, Supervisors and RDs	Need to set targets by June 30, 2008 Completed	**Proposed targets:** FTF In Res. New FFY 07 Baseline - 23.27% 23.36% FFY 08 – 25% 27% FFY 09 – 40% 35% FFY 10 – 65% 43% FFY 11 – 90% 50%
		19.7 – Establish regular review mechanism for monitoring achievement of performance targets.	19.7.1 – Assess performance targets Department-wide on quarterly basis.	Quarterly review schedule established.	Department caseworker visit planning group	1st Quarter FFY 2009 and forward	Caseworker visitation workgroup met on March 26, 2009 to review status of implementation. The quarterly schedule was delayed by one quarter from the target. The next meeting will be scheduled in September.

RHODE ISLAND

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

CONTINUITY OF OPERATIONS PLAN

May 2009

Patricia Martinez
Director

I. EXECUTIVE SUMMARY

The Department of Children, Youth and Families (DCYF) is the single state agency with statutory authority and responsibility to support the State's public policy of protecting children and ensuring that children and families are provided with the supports they need to succeed. DCYF is designated as the principal state agency to mobilize the human, physical and financial resources available to plan, develop and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Rhode Island is one of a small group of states that integrate the three major public responsibilities for troubled children, youth and families _ Child Welfare, Children's Behavioral Health and Juvenile Corrections - in one agency.

The Department of Children, Youth and Families has created this plan with three major goals in mind:

- Prepare the DCYF infrastructure to respond efficiently to a critical situation
- Ensure the safety and well-being of Department personnel
- Maintain the continuity of essential services

It may be implemented in a declared state of emergency, in the occasion of a pandemic flu or as other precipitating situations present themselves. Additionally, portions of the plan may be implemented absent a major national or statewide crisis should presenting problems develop in any of the major categories of service within the department.

This plan is a blueprint to direct a more specific unit by unit plan development which should include more detailed staffing requirements and alternatives to achieve same during a crisis situation.

This plan includes planning, implementation, assignment of roles and responsibilities up to and including reconstitution,

II. EFFORTS PRIOR TO IMPLEMENTATION

Department administrative personnel will initiate efforts to respond to identified needs.

- Review and update existing plans and procedures
- Ensure essential supplies necessary to provide essential services are available
- Identify how essential services will be delivered with shortages of key personnel and unreliable logistical support including development of a staff resource contingency plan to provide for alternate staffing
- Evaluate potential health and safety issues that might arise through diversion of staff to new jobs
- Develop communication mechanism with staff, service providers and clients
- Assist foster parents and other clients as well as providers to become selffsufficient if possible
- Have a plan for just-in-time training to cross train staff
- Assist staff, foster parents and clients in preparing an emergency plan to include infection control steps
- Have a liability assessment by legal department

- Identify contractors, volunteers or other staff options to address loss of potential child placements
- Assess union issues surrounding overtime issues and support including non traditional ways of staffing particularly in relation to the Training School (24/7) to minimize cross contamination (if health related emergency) and allow staff to ensure their changed work schedule allows them to cover their own family obligations
- Develop a Virtual Privacy Network (NPN) plan to ensure the availability of client information should the need arise

III. IMPLEMENTATION

- Deploy available staff consistent with the previous identification of critical functions which must be covered and numbers of staff in various categories required to maintain critical functionality
- Initiate the Virtual Privacy Network (VPN) to ensure staff that can be covering from home have access to Group Wise and RICHIST systems
- Maintain communication through activation and de-escalation of crisis with all staff and union representatives
- Notify all foster care and relative care providers, day care providers and child placing agencies as to universal precautions (in the case or a health related emergency) and requirement that they contact the hotline if they cannot make contact with other staff in the regions, in licensing or in contracting areas of the agency
- Implement temporary policy changes in response to received allegations of child abuse/neglect and other matters
- Initiate social distancing when needed by department employees including working from home using the virtual privacy network
- Confirm that critical services are addressed

IV. DESIGNATION OF AUTHORITY AND DEPARTMENT SUPERVISORY STRUCTURE

With the initiation of the continuity of operations plan, the Director of the department has overall command of the line functions of the department assisted by the following personnel overseeing the listed units/division/functions. Included in this listing are those personnel (in parenthesis) who would assume director of the division/unit/function should the person in charge be unavailable:'

Director	Patricia Martinez (Jorge Garcia)
Administration	Jorge Garcia (Brian Peterson)
Finance	Brian Peterson (Leo Fortier)
Media contact/Staff Communication	Joanne Lehrer (Mike Burk)

MIS/Electronic Communication	Leon Saunders (Darryl Supercynski)
Child Welfare Svs.	Stephanie Terry (Anne Lebrun Cournoyer)
Child Protective Svs.	Vin McAteer (Ed Albanese)
Intake	Karen DeOrsey (Ed Albanese)
Family Services - Region One	Anne Lebrun Cournoyer (Beverly Turner)
Region Two	Paula Fontaine (Diane Savage)
Region Three	Suzan Morris (Dorn Dougan)
Region Four	Nancy Tierney (Cyndy Fontaine)
Training School	Kevin Aucoin (Joe CardinlBill Barnette)
Juvenile Probation	Kevin McKenna (Joe Clifford)
Child Placements	Fred Aurelio (Deb Drury)
Licensing	Kevin Savage (Brenda Almeida)
Interstate compacts	Kathleen Letourneau (Paula Fontaine) Joe Clifford (Kevin McKenna)
Crisis intervention	Janet Anderson (Mike Burk)

Other individuals to be available for any and all coverage include Dot Hultine, Sue Bowler, Lee Baker, Mike Kane

Any delegation of authority and assumption of responsibility (including starting time and termination of coverage) shall be logged in with the hotline.

V. AVAILABILITY OF CLIENT AND CASE INFORMATION

To ensure immediate access and ability to continually track the whereabouts of thousands of children and youth in care, 150 accounts will be requested through use of Virtual Privacy Network (VPN). These accounts will allow designed staff access to GroupWise and RICHIST (the case and client tracking system) from remote locations. Additionally, the 24/7 Child Abuse/Neglect Hotline will always continue operation and will have access to both systems.

While the VPN can be programmed into staffs home computers, another availability option is that the department is purchasing 150 Thin Client computers which will have

the remote access capacity. While up to 125 of these would be assigned to workers in the normal course of business so they can use them in the field, the remaining 25 could be used for administrative individuals during a potential crisis situation. Additionally, the other 125 could be resubmitted and reassigned to the most critical staff if there is a pandemic flu situation.

All providers, including foster and relative care parents are aware to contact the 24/7 Child Protective Hotline if they have an emergency need off hours or on weekends. They would use the hotline for necessary communication if they cannot reach staff in their normal office locations.

VI. ESSENTIAL FUNCTIONS

1.	Ensure protection of children (24/7 child protective hotline and investigative services).
2.	Service children in care (in their homes or in out-of-home placements).
3.	Provide supervision and 24/7 custody and control of incarcerated youth.
4.	Provide supervision and services to youth in the community on probation.
5.	License day care, foster care and child placing agencies to ensure the appropriate placements are used for children and youth in need of out of home placement.
6.	Contract for residential and non-residential programs for children and youth in care and ensure the appropriate placements are used consistent with treatment needs.
7.	Contract with array of community providers to service clients in the community.

VII. OPERATIONALIZING PLAN

Statement: In the normal course of business, the department operates out of central office, regional child welfare offices, regionalized juvenile probation offices and the RI Training School buildings. Depending on the crisis requiring alternative staffing, decreased staff availability, etc., some or most of those offices may be closed. Regardless of any such closure of offices, two locations will continue to be operational 24/7. Those are the buildings of the Rhode Island Training School in Cranston and the Child Protective Services Hotline located at 101 Friendship Street in Providence in the Central Office Building. In times of emergency, the Hotline can serve as the clearinghouse for emergency communications regarding children at risk or in placement throughout the state.

ADMINISTRATION:

The responsibility of senior management personnel:

- Implement department's continuity of operations plan
- Oversee transition of responsibilities
- Evaluate deployment of personnel on regular basis to ensure continuity of essential operations
- Reallocate resources as needed to provide services that are essential, in high demand, or are new or alternative

- Suspend non-essential services as human resources become limited or material resources become unavailable

FINANCE:
The department relies on a variety of products, both human and material to maintain operations. While social distancing protocols are in place, persons assigned to finance must make every effort to identify and maintained those that are essential the department's mission.

- Maintain contact information for each product and service vendor and their alternate. Include maintenance contractors.
- Consider that all vendors may be experiencing employee absences and product shortages.
- Maintain business operations on a limited basis performing only those functions necessary to sustain operations with particular attention to maintaining federal and other benefits.

MEDIA/STAFF COMMUNICATIONS:
The Department Chief of Staff activates the information dissemination system working with the MIS staff to:

- Ensure that communications systems including the VPN are operational and that laptops are dispersed consistent with the continuity of operations plan
- Provide regular updates to employees through the use of multiple dissemination techniques
- Address issues of fear, rumors, anxiety, and disinformation up front to reduce staff stress
- Ensure communication includes information regarding the precipitating crisis, steps the department and the state are taking to address issues, and a realistic appraisal of the Department's performance in accomplishing its mission.
- Work in close concert with the Governor's Office of Press Relations and that of the Secretary of Health and Human Services to voice a unified message regarding information dispensed to all foster parents and other out of home caregivers since most critical events would necessitate a free flow of information from the Department to those affected by the emergency and to those in state and out of state who might offer their time, services, or homes to those children in need.
- Reach out to providers through coordinating agencies such as RIC ORP , The Rhode Island Foster Parents' Association, Options for Working Parents, the DCYF Foster Care and Licensing Unit and all contracted child placement agencies, which directs those caregivers and their respective members to go to the designated DOH website for information relative to precautions and status updates in the case of a medical emergency and elsewhere depending on the precipitating crisis.

MIS/ELECTRONIC COMMUNICATION:
The department's computer systems will be maintained by MIS personnel in conjunction with DoIT at the Department of Administration.

- Prepare and initiate the Virtual Privacy Network (VPN) enabling department personnel identified as essential to perform their job tasks at locations separate from departmental facilities.
- At the direction of the Administration, activate automated messages for foster parents and other caregivers providing relevant information
- Ensure the protection and ready availability of electronic and hardcopy documents.

CHILD WELFARE SERVICES (consistent with essential functions 1,2):

In keeping with its goal of promoting, safeguarding and protecting the overall well-being of children and families, this division of the Department, through the work of its individual units consisting of Child Protective Services (CPS) as well as the four regional offices of the Family Services Unit (FSU) will receive relevant information through the regional offices, during standard hours and through the CPS Hot Line (1-800-742-4453) after hours, in order to respond to specific needs of families as well as out of home caregivers.

Investigations:

- Administrative personnel will evaluate Child Protective Services' ability to respond per policy and, if needed, increase the level of telecommunication response in relation to an expanding emergency situation.

- If unable to reach the Primary Worker, the Child Protective Hot Line will receive calls from foster parents and other out of home caregivers relative to the children in their care. The Child Protective Investigator taking the call will document the call in RICHIST and forward an e-mail to the primary worker, supervisor and administrator relative to the nature of the call.

- The Child Protective Hot Line will continue to be manned by CPIs 24/7 who will provide relevant information to callers and obtain information such as the caller's intent in the event of relocation due to medical issues. The Call Floor will maintain a list of emergency placements in the event that children need to be relocated after hours. Information received will be entered into the Department's RICHIST system.

- The Investigative and Intake Units of Child Protective Services will act as first responders to allegations of child abuse and neglect in the event of a pandemic flu event or other crisis.

- In person responses will be limited to those allegations which convey an abiding sense of risk to the safety of children. All other investigative responses will be limited to telephonic or computer networking.

- In accordance with existing policy, children removed from a caretaker's custody, for whatever reason, will be transported to a medical provider to be examined.

- Two CPS investigators will be assigned to investigate allegations regarding foster children and others placed in an out of home environment.

Intake and Case Monitoring:

- In addition to limited in person responses to allegations of child abuse and neglect investigations, coordinate directly with individuals and families in need who are transitioned through investigative, Call Floor, and Intake telephone personnel.

- Evaluate potential health and safety issues that arise and facilitate government/social service/medical interventions while identifying the family's strengths and needs and identifying appropriate services in concert with personnel assigned to Child Placement.

Family Services Units:

- Identify, arrange, or in the event of an extensive disruption in statewide social services, provide for ongoing social services and case management for foster children or other children in out of home placements.

- Administrators will delegate the senior FSU worker to replace their supervisor in the event of absence.

- Program administrators will be replaced by supervisory personnel.

- Routine, crisis, and priority issues will be identified by the Regional Director in concert with supervisory personnel.

- Support staff will engage in redeployment of their job functions throughout the course of the pandemic or other emergency.

- Of necessity, whenever possible personnel are to limit personal contact and to communicate by telephone, VPN, or fax should this be required due to a pandemic emergency.

- During regular business hours, FSU workers/administrators will obtain from and provide to, those on their caseloads, relevant information regarding health and welfare concerns for the children in their care. In the event that children need to be relocated due to medical issues affecting the caretakers, workers will contact the Child Placement Unit, which will maintain a list of emergency placements in the event that children need to be relocated.

The Family Services Units cover the four regions of the State of Rhode Island:

Region 1 - City of Providence located at
101 Friendship Street, Providence, RI 02903
Phone: (401) 528-3502

Region 2 - Eastbay - East Providence to Newport located at:
230 Wood Street, Bristol, RI 02809
Phone: (401) 254-7000

Region 3 - Kent and Washington Counties located at:
650 Ten Road Road, North Kingstown, RI 02852
Phone: (401) 294-5300

Region 4 - North and Northwstern Rhode Island located at:
249 Roosevelt Avenue, Pawtucket, RI 02860
Phone: (401) 721-2400

JUVENILE CORRECTIONAL SERVICES (consistent with essential functions 3,4):
The Training School (RITS) and Juvenile Probation serve to ensure both public safety and child safety are protected.

TRAINING SCHOOL
The unique situation of the RITS as a self-contained entity enables it to function in a limited capacity.

- Maintain a healthy and safe environment and to protect the occupational health and safety of all employees and residents, all existing policies and procedures will

remain in full force and affect unless suspended or limited by the Director of the Department or his/her designee.

- Execute contract with supplemental medical personnel to include medical as well as psychiatric.
- Initiate established Contingency Plan including on call and call-back procedures as needed.
- Implement in-house alternate care site plan with supplemental staff and requisite medical supplies
- Utilize (as needed) stored inventories to include:
    - Three week supply of potable water.
    - Three week inventory of food (3 daily meals)
    - Three week inventory of non-perishable food.
    - Four week supply of medical and pharmaceutical supplies. o Three week supply of control substance
    - Extra bedding (mattress, sheets, blankets, pillows)
    - Clean laundry (four weeks)
    - Hygiene products (four weeks)
    - Stored diesel fuel
- Confer with RI EMA regarding initiation of MOU for the National Guard to provide additional potable water for drinking and a portable water trailer for hygiene if necessary as well as portable toilets
- Initiate special watching and counseling protocols.

JUVENILE PROBATION:

- Identify, arrange, or in the event of an extensive disruption in statewide social services, provide for ongoing Supervision and case management for Probation youth in out of home placements.
- Probation Administrator will delegate the most senior Probation Officer in that unit to replace their supervisor in the event of absence.
- Routine, crisis, and priority issues will be identified by the Probation Administrator in concert with supervisory personnel.
- Support staff will engage in redeployment of their job functions throughout the course of the pandemic or other emergency.
- Of necessity, whenever possible personnel are to limit personal contact and to communicate by telephone, VPN, or fax if dictated by the type of emergency.
- For each office all individual phone lines will need to leave phone messages indicating that urgent calls be directed to the main phone listed in the office directory.
- During regular business hours, Probation staff/administrators will obtain from and provide to, those on their caseloads, relevant information regarding health and welfare concerns for the children in their care. In the event that children need to be relocated due to medical issues affecting the caretakers, workers will contact the Child Placement Unit, which will maintain a list of emergency placements in the event that children need to be relocated.

- During regular business hours, Probation staff/administrators will keep in regular contact with Family Court Personnel, Law Enforcement and the Attorney General Office in order to coordinate any essential Supervision plans related to youth remaining in the Community
- During regular business hours, Probation staff/administrators will keep in regular contact with staff/administrators at the Rhode Island Trainings on issues related to the Detention, Sentencing and Release, of youth within the Juvenile Correctional Services.
- Maintain contact with providers with children in placement on a regular basis.

Probation Workforce Requirements

At a minimum each of the five Probation Supervisory Units should be staffed with one supervisor (or designee) and one Probation Officer for a total of 11 staff to cover the entire state. These staff will be responsible for routine (phone) contact with probation youth, as well as addressing emergency service needs such as placements, placement removals and other essential orders made through the Family Court.

The need for support staff will be directly related to the level of restrictions that the authorities put in place.

Though reporting to an office may be advisable this workforce will need to have use of laptop computers and/or be allowed RICHIST and Group Wise access from home computers.

Probation Unit Directory

Probation Units are located in various offices throughout the State of Rhode Island

Kent County/Cranston Unit

Kent Office
222 Quaker Lane, Warwick RI 02886
822-6845

Cranston Office
42 Cherrydale Ct, Cranston, RI 02920
462-6601

Pawtucket/Woonsocket Unit

Pawtucket Office
249 Roosevelt Ave, Pawtucket, RI 02860
721-2600

Woonsocket Office
191 Social Street, Woonsocket, RI 02895
765-8253

Providence Unit
101 Friendship Street, Providence, RI 02903
528-3535

South County/Newport/East Bay Unit
South County Office
J. Howard McGrath Judicial Complex
4800 Tower Hill Rd, Wakefield, RI 02879
782-4162

Bristol Office
530 Wood Street, Bristol, RI 02809
254-7076

Newport Office
Florence K.Murray Judicial Complex
45 Washington Street, Newport, RI 02840
841-8360

Youth Transition Center
790 Broad Street, Providence RI
785-8407

LICENSING (consistent with essential function 5):

- Day Care centers and homes would close if required to do so as part of a declared state of emergency.
- Foster homes and relative placements remain in effect.
- Foster parents with issues or emergencies contact the Child Protective Hotline after hours and would also know to contact that Hotline during regular work hours should they be unable to contact the licensing unit during a crisis.
- The Administrator and Senior Casework Supervisor would have remote access via VPN for emergency licensing related issues and to be of general support in other agency functions.

COMMUNITY AND CHILDREN'S BEHAVIORAL HEALTH (consistent with essential functions 6, 7):

- All providers servicing children in care know they are to contact the Child Protective Hotline when there is an emergency and they cannot reach their liaison

staff within Community and Children's Behavioral Health. The Hotline is operational 24/7.
- The Assistant Director, Assistant Administrator and the supervisor of the Placement Unit would have remote access to deal with placements, facility or program issues not related to a particular child, and crisis intervention.
- All contracted agencies have their own emergency plans.
- The liaison to each of the identified groups of caretakers will identify, locate and continue availability of services for children under state care or supervision who are displaced or adversely affected. In the absence of the liaison, the coverage person will handle this function or as a last resort the needs will be called into and handled by the Hotline.

INTERSTATE COMPACTS:
The interstate compact on the placement of children is an agreement between and among all of the states for the transfer of a child between states, if that is determined to be in the best interest of the child.

The interstate compact on juveniles is an agreement between and among all of the states for the reciprocal supervision of youth placed out of state while on probation.

- Identify all out of state children placed in RI through the compacts and those placed out of state.
- Contact the placement family and identify immediate needs, convey those needs to the assigned FSU or probation worker and initiate communication with the sending state's ICPC administrator regarding all residential and foster care placements and their current circumstances. In the absence of the assigned FSU of probation worker, relay said information to the coverage worker or as a last alternative to the Hotline.

CRISIS INTERVENTION:
A pandemic flu event or other emergency could cause foster parents and others who care for children in placement to be in need of intervention for secondary trauma.
- Coordinate mental health services for foster parents and other out of home caregivers in order -to deal with the natural consequent behaviors resulting from a region or statewide emergency

- Evaluate needs assessment, identify available resources to vulnerable groups of caretakers or workers to include community-based organizations and informal networks

RECONSTITUTION:
The operational phase of this plan will be terminated by the Director of the Department.
- Determination will be made by Administration designated lead person and a recommendation made to the Director to discontinue action plan due to staff resources returning to normal levels, an imminent disease threat no longer

existing, or approaching end of other emergency situation that precipitated use of plan.

- Recovery phase to be initiated when Administration designed lead person determines that adequate service care providers, resources, and response system capacity exists in all divisions of the Department to manage ongoing activities without continued assistance other sources.
- In consultation with government officials, the Director will determine specific steps to be taken to return the Department to pre-emergency status.
- Senior Team personnel will convene to access the impact of the emergency event on the Department's functionality as measured by employee mortality and the psychological injuries suffered by co-workers.
- The Department will initiate existing contracts with Employee Assistance Program to address worker-related issues generated by the emergency event.
- The Department will conduct an after-action evaluation of the Department's overall response. The evaluation will include recommendations for amendments to the Continuity of Operations Plan.

GLOSSARY

Alternative Relocation Site (ARS): Facility to which employees move to continue essential functions in the event that a facility is threatened or incapacitated.

Avian influenza: Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5Nl avian influenza virus has infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.

Contact: A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

Continuity of Operations (COO): Internal organization efforts to ensure that a viable capability exists to continue essential functions through plans and procedures that delineate essential functions; specify succession to office and the emergency delegation of authority; provide for the safekeeping of vital records and databases; identify alternate operating facilities; provide for interoperable communications; develop alternative scheduling to offset staff losses; provide staff support during emergencies; and validate the capability thorough tests, training and exercises.

COOP Emergency Staffing Plan (CESP): Plan to address severe losses in staffing due to disease, natural disasters or other emergencies that threaten operations through harm to human resources.

COOP Event: Emergencies or potential emergencies that may affect a department or agency's ability to carry out its essential functions, such as, but not limited to: epidemics or pandemic disease; natural disasters such as floods, earthquakes or tornados; terror attacks, or related emergency events.

Devolution: The transfer of essential functions, as the result of a COOP event, to another organizational element (i.e., person, office or organization, etc.) geographically located outside of the threat area or the limited exercise of established policy.

Employee Assistance Program (EAP): Corporate program to assist employees with personal and behavioral health issues.

Essential Functions: Essential functions are those functions that enable units of DCYF to provide vital services, maintain safe and quality operations, maintain the safety of employees and associates, and sustain a base during an emergency.

Hand hygiene: Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

Human-to-human: Human to human transmission refers to the ability of an infectious disease to pass from one person to another.

Transmission: Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to- human (and vice versa), and some can be transmitted from human-to-human.

Infection Control: Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

Infectious disease: An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.

Influenza: Influenza is a viral disease that caused high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

Isolation: Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

Pandemic influenza: A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza .

Pandemic Influenza Operating Plan: Plan that provides for the continuity of essential functions of an organization in the event an emergency prevents occupancy of its primary headquarters building, or an event that limits operations through extensive staff losses or other resource limitations.

Personal Protective Equipment: PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Prophylaxis: Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a health individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza)

Quarantine: A quarantine is when people who have been in close proximity to an infected person, but appear health, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory etiquette: Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human -to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal influenza: Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.

Social distancing: Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the

spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

Staffing Response Team (SRT): Pre-designated principals and staff who deploy immediately upon threat of or an actual emergency event when human resources must be diverted, rescheduled or supported to facilitate continuing operations. This team will address human resources issues and arrange for employee support.

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families

Program Name	***Family Care Community Partnerships (FCCPs)***	***Parent Education***	***Parent Aide***
Program Description	Designed as regional access points for delivering family supports and services for children, youth and families who are at risk for or may become involved with DCYF. Services include: · Wraparound family support through identification of needs and service planning to provide formal and informal supports to promote protective capacity and assist families to remain intact. · Case management for families in need of comprehensive, emergency services specifically referred by Child Protective Services. · Family Support services designed to assist in strengthening parenting capacity with children between the ages of birth to 5 years who are at risk for developmental delay. · Flexible, non-traditional case management and supports for youth returning from the Training School and voluntarily agree to participate in aftercare services.	• Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children. • Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources. • Services are agency-based.	• Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect. • Services are home-based for family preservation and family reunification. • Services are for 6 months, typically with home visits 2-3 times per week. • Program helps parents with child care, discipline techniques, home management, and problem-solving skills.
Population Served	· Children referred as a result of a child protection investigation on allegations of child abuse/neglect · Children experiencing serious emotional disturbances (SED), and are in need of public assistance · Youth who are at risk for placement due to parents seeking a law enforcement intervention (e.g., potentially a Family Court order on a petition for wayward/disobedient behavior) · Children/youth who have a developmental disability and their parents can no longer care for their child	• Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful.	• Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services.

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families

Community and Home-Based Non-Residential Services for Children and Families *cont'd*

Program Name	*Youth Diversionary Program (YDP)*	*Outreach and Tracking*	*Care Management Team (CMT)*
Program Description	• Designed to prevent delinquency and strengthen families with children ages 9 through 17. • Services are for 90 days. • Services target truancy, running away from home or risk of involvement in juvenile justice system.	• Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs. • Intensive supervision program. • Prevention of out-of-home placement or aftercare for youth returning home or to their community. • Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills. • Services may be connected to DCYF programs as part of the continuum for aftercare.	• Designed to involve a child's family and larger community representatives in planning for treatment and service needs aimed at ensuring necessary treatment to maintain a child within their community whenever possible. • Community-based teams work with families to make treatment and service decisions within each of the DCYF geographic Regions. • Individualized treatment and care is focused on maintaining children and youth in the least restrictive setting possible, preferably at home.
Population Served	• Referrals from schools, police, parents, self referrals, and community-based agencies. • Youth referred to YDP cannot have a status with DCYF.	• Youth may or may not be active with DCYF. • Behavior issues include disobedience, anger, aggression, truancy, drop out, running away, drug involvement or delinquent offenses.	• Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition to or from residential treatment.

Levels of Residential Care –

Community-Based: Represents the least restrictive placement option. These programs utilize the public school system and mental health services are usually provided by community agencies.

Specialized/Treatment Foster Care	***Shelter Care***	***Group Care***	***Supervised Living***	***Independent Living***	***Step-Down***
The programs provide foster care with clinical support services for children and youth of all ages. These programs have been developed to provide a range of service intensity for children and youth who may have minor behavioral and emotional issues, as well as the more difficult children and youth with psychiatric and/or emotional and behavioral disorders.	These programs provide short-term assessment and treatment and/or behavioral management programming to children and youth whose living situations have disrupted and who need a period of stabilization while services are being identified and coordinated, or while longer term placements are being identified.	Structured homelike environment which provides 24 hour supervision. Programs provide long-term care with case management services. Children and youth need assistance with accomplishing developmental tasks. There is usually significant family dysfunction, and disturbances in interpersonal relationships, emotions and conduct.	These programs provide overnight staff and minimum supervision in small living units for older adolescents who demonstrate some independent living skills, but need more assistance. Some are for more specialized populations with more intensive supervision and treatment, as well as case management services, for psychiatric and/or emotionally disordered youth.	These programs provide case management services to older adolescents and young adults who are living in agency supported independent apartments.	These programs provide clinically intensive crisis management and treatment. These programs serve as traditional placements for children and youth leaving hospitals or treatment centers and may be effective in preventing hospitalization.

Residential Treatment: This level of care represents self-contained programs which usually provide comprehensive services including but not limited to certified special education and/or regular educational programs and clinical services.

Highly Supervised	*Highly Structured*	*Psychiatrically Supervised*	*Secure Setting*
These programs are staff secure/staff intensive, providing a therapeutic homelike setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are provided with self-contained non-public education and have special education needs.	These programs are also staff secure/staff intensive, providing a self-contained setting with behavior management and control. Provides psychiatric consultation and comprehensive clinical services. Best suited to youth who are diagnosed with conduct, adjustment, and serious AXIS II disorders. Structure is needed to improve treatment outcomes.	A self-contained setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

Psychiatric Hospital: Secure/Psychiatric Treatment – provides medical, psychiatric treatment and educational services. Rhode Island has two psychiatric hospitals serving children/youth. Bradley Hospital is a children's hospital. Butler Hospital is primarily an adult psychiatric hospital, but also serves a small population of youth.

Introduction –

The Department of Children, Youth and Families has a cooperative agreement with the Rhode Island College School of Social Work to provide training services in support of the Child Welfare Institute (CWI). As referenced previously, the CWI plays a significant role in preparing new DCYF employees for their responsibilities as social caseworkers. The CWI also provides a mandatory in-service curriculum of 20 training hours per year, as required by RIGL 42-72-5(b)(10).

The six-month pre-service training class is offered three times a year for new social workers beginning work with the Department. In each of these six month courses, 336 hours of classroom training and site visits are planned, integrated with work in the field. Each topic requires between 3 and 18 hours of class time. The pre-service modules also include 20 hours of training with the RICHIST (SACWIS) data system.

Workers begin their pre-service experience through an integrated process of classroom training and practical field experience by assignment to a Family Service Unit (FSU) within the Regions. Workers are affiliated with their FSU unit on the first day of their orientation which allows the student workers to remain in their Region, with their new supervisory unit for the first week. Over the succeeding two to three weeks, the class receives intensive, formalized classroom instruction. Subsequently, the workers will remain in their Region for 4 days a week and in the Institute 1 day a week. This approach provides new workers strong support earlier in the training process – within their regions and from co-workers, as well as from the Child Welfare Institute staff.

Over the past four years, beginning in FY 2006, five pre-service classes have been completed with a total of 102 students enrolled. The current Core 1 pre-service class began on March 23, 2009 with four SCWs and six Juvenile Probation and Parole Officers participating.

Training Plan –

The training plan is supported by cooperative agreements with Rhode Island College and the University of Rhode Island. Associated costs are allocated into Title IV-E training, Medicaid training, and TANF training in accordance with the State's approved cost allocation plan. The portion of the contract that relates to IV-E reimbursable pre-service and in-service training is multiplied by the blended IV-E eligibility penetration rate which was 51.82% as of June 30, 2009. This blended rate is inclusive of the adoption penetration rate of 60.90% and the foster care eligibility penetration rate of 37.78%. The resulting amount is then claimed as IV-E Training which is reimbursed at the 75% training rate where applicable. For those courses included in the training plan on

topics that are not allowable at the 75% training rate, the resulting amount is then claimed as general administration which is reimbursed at the 50% match rate, where applicable.

Three specific types of training are represented in the IV-E cost allocation plan:

- Adoption workers who train prospective adoptive parents
- The Rhode Island College (RIC) Child Welfare Institute (Pre-Service)

  The Institute provides training for all newly hired social workers and child protective services workers, though CPS workers are not claimed to Title IV-E.
- General ongoing training activities (In-Service)

  The institute includes a community collaboration cross training which integrates community provider participation. The community participants are not currently claimed to Title IV-E; however, it is the Department's intent to review the community participation in relation to applicable IV-E claiming in accordance with the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008. As the Department identifies the applicable IV-E training participation in relation to claiming, a revised training plan with clarifications will be submitted.

A small amount of training costs is also captured through the Random Moments Time Study (RMTS).

PRE-SERVICE TRAINING MODULES

Course	***Syllabus***	***IV-E Functions Addressed***
CASA Information	3 hour training reviewing relationship between DCYF and Court system. Provides an overview of roles, responsibilities and personnel of CASA; and overview of programs sponsored by CASA.	Preparation for and participation in judicial determination; Case management and supervision
Case Closure - RICHIST	3 hour training relating to the RICHIST (SACWIS) data system to develop skills in preparing for case closure; requesting case closure from RICHIST; checking status of case closure request; RICHIST case closure email messages; and routing for supervisory approval.	Case management and supervision; Data collection and reporting.
Service plans I	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of the service plan; Preparation for judicial determination; Case management and supervision; Referral to services
Service plans, RICHIST	3 hour training relating to RICHIST (SACWIS) data system – preliminary preparation and documentation; creating the service plan through the Assessment window; documenting individual and family strengths; developing objectives and tasks; developing a visitation plan, transitional living plan and discharge plan; generating signature pages; copying a service plan to other case	Data collection and reporting; Development of the service plan; Case management and supervision; Referral to services

Course	*Syllabus*	*IV-E Functions Addressed*
	participants; creating an ongoing service plan; and terminating a service plan.	
Case Profile Narratives, RICHIST	3 hour training relating to RICHIST (SACWIS) data system for maintaining case information; review of case history; recording personal information; e.g., aka names, address tab, relationship tab, maintain participant information window, red flag; and adding participants to cases; e.g., search, create a person, complete participant information, activate participant and update living arrangements.	Data collection and reporting; Development of the service plan; Case management and supervision; Case reviews
Child Development I and II	3 day workshop providing an overview of normative development in infancy, childhood and adolescence as a guide in the assessment and service planning for families in which abuse and/or neglect has occurred.	Placement of the child; Development of the service plan; Case management and supervision; Case reviews
Collaboration and Resources	Community Partners Resource Fair – 6 hours – offers a blend of service providers and contracted community partners to inform participants of resources in the community. Poverty Institute – 6 hour training – addresses the federal financial and medical programs to assist families when children are removed and reunified. Also addresses resources available to ensure healthy family life. RI Foster Parents Assn. – 3 hour training – identifies the support system for foster parents and the resources available to them and foster children.	Referral to services; Case management and supervision; Placement of the child.
Court Letters and Dictation	6 hour training – develops an understanding of court terminology; the roles of the participants in court proceedings. Provides examples of court letters and writing exercise with emphasis on a clear and concise outline.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Court Visit	3 hour site visit to Family Court to provide understanding that Family Court is an integral part of the child welfare practice. The visit provides social workers with a view of court proceedings and introduction to judges.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Discuss Court and Field Preparation	6 hour training – attends court as field experience in both Family and Juvenile Court. Develops understanding of case activity notes (CAN) dictation – the written documentation of everything that a social caseworker II does in relation to a case; providing the basis for most other written work: service plans, assessments, social summaries, and court letters.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews

Course	*Syllabus*	*IV-E Functions Addressed*
Family Assessment I	1 day training (6 hours) focusing on family centered and strength-based practice and the impact on assessment of family needs, at risk situations and permanency planning. The family system's approach is explained and techniques and skills are identified to assist families and child welfare staff in developing a service plan building on principles of family preservation.	Development of the service plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations
Family Assessment II and Case Flow	3 hour training outlining the process of the case work responsibilities of a child welfare case, once it is assigned to Family Service Unit workers; develops understanding of Departmental policy.	Development of the service plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations
Family Centered Practice	3 hour training on strength-based, solution-focused and collaborative approaches to assessing families. Develops an understanding for identifying possibilities and options necessary to clearly identify and assess safety and risk factors, and to assist families through the process of change.	Development of the service plan; Placement of the child; Referral to services; Case management and supervision; Case reviews
Field Experience	Includes shadowing of more senior case workers and supervisors to provide on the job training, and site visits: Adult Correctional Institute (ACI) – 3 hour training/site visit to develop understanding of issues relating to visitation between children and incarcerated parents. The site affords an opportunity for social workers to visit and become knowledgeable of the prison system. Children's Advocacy Center (CAC) – 3 hour training/site visit with CAC to develop understanding of program function, gain insight into psychological impact of sex abuse, and understand results of evaluation for service planning. CAC works with DCYF to assess children when there has been an allegation of sexual abuse. Rhode Island Training School (RITS) – 3 hour training/site visit introduces social workers to the juvenile corrections facilities and its services, in relation to juvenile parole and probation responsibilities. Family Court – 3 hour training/site visit – acquaints social workers with role and responsibilities, proceedings in Family Court.	Development of the service plan; Placement of the child; Case management and supervision; Preparation for and participation in judicial determinations; case reviews
Foster Care	1 day training (6 hours) develops skills and knowledge needed to work with Foster Resource Families; participants learn the role foster care plans in permanency planning, emphasizing safety, permanence and continuity. Participants learn knowledge of family systems, importance of values and roles, knowledge of supportive resources; understanding of separation and loss issues; understanding of generic foster care, kinship care and the concept of concurrent planning; and the role of the social worker in	Placement of the child; Referral to services; Development of the service plan; Case management and supervision; Case reviews

Course	*Syllabus*	*IV-E Functions Addressed*
	maintaining safety, and establishing continuity and permanence of child(ren).	
Interviewing I and II	9 hour training (total) to develop understanding of interviewing techniques in working with families to assess safety, well-being and permanency for children; incorporating family centered practice and strength-based approach; also focuses on conversation management interviewing techniques to complete assessments.	Preparation for and participation in judicial determinations; Service plan development; Referral to services; Case management and supervision.
Juvenile Justice	6 hour training includes visit to Family Court - provides overview of mission and process involved in working with youth on probation and parole, and becoming familiar with the role and responsibilities of juvenile probation and parole officers.	Case management and supervision; Preparation for and participation in judicial determinations.
Legal I and II and Panel	Each module provides a three hour training for 9 hours (total) – participants are instructed on the DCYF Staff Handbook on Child Welfare in RI and the Glossary of Legal Terms in DCYF Cases. Participants develop an understanding of DCYF hearings and their duties in the proceedings; types of DCYF petitions and each process from filing to the Court hearing; types of DCYF petitions and legal issues with youth, such as wayward/disobedient matters. Course includes case consultation.	Preparation for and participation in judicial determinations
Legal - RICHIST	3 hour training to develop computer skills for documenting 48-72 hour holds, ex-parte, dependency, neglect and abuse petitions; creating multiple petitions; updating court hearing information and outcomes; duplicating court hearing information to other participants; reviewing juvenile probation petitions.	Preparation for and participation in judicial determinations; data collection and reporting
Outcomes and Reports	▪ 3 hour interactive and instructional training to develop understanding of correct record keeping and documentation of case records. ▪ 3 hour training designed to assist social workers with understanding psychiatric and psychological evaluations; interpreting the recommendations as they impact on permanency planning.	Data collection and reporting; Case management and supervision; referral for services; Case reviews.
Permanency Planning	3 hour training – participants will understand a chronological history of pertinent federal laws and how they interface with Rhode Island statutory procedures and child welfare practice. Participants gain insight into separation and loss issues for children who transition from placement to placement without permanency.	Development of the service plan; Placement of the child; Preparation for and participation in judicial determinations; Case management and supervision; Case reviews

Course	*Syllabus*	*IV-E Functions Addressed*
Placements	3-6 hour training – participants develop skills and knowledge for completing a referral packet for placement that will preserve a child's safety, well-being and permanency planning. Emphasis is on ensuring the best match and fit for an appropriate placement, and understanding the impact of placement on a child. Care Mgt. Team representatives provide information on residential placement requests and recommendations.	Placement of the child; Referral to services; Case management and supervision; Case reviews
Placements RICHIST and Title IV-E	6 hours total inclusive of work with Placement Unit and Care Mgt. Team staff – participants learn computer skills relating to documenting a placement through the request window; documenting placement through the placement window; documenting placement ending; documenting AOL; updating living arrangements; amending a placement; and calculating a foster care rate.	Placement of the child; Data collection and reporting
RICHIST Coaching	3 hours provided to support development of computer skills in documenting placement requests in RICHIST (SACWIS) data system.	Data collection and reporting
RICHIST Basics I, II, III	Provides participants with 14 hours of training on basic software packages to develop skills necessary for communications, file management, and case documentation, as well as accessing online resources.	Data collection and reporting
Risk/Needs Assessment	3-6 hour training – develops understanding of important differences between risk and safety; why each is assessed; what the assessments reveal and what actions are indicated as a result of each assessment. Participants actively engage in exercises related to each within the context of family centered practice. Professional experienced in trauma assessment provide an overview of current research in the field of psychological trauma and an introduction to trauma informed clinical treatment and case management.	Referral to services; Development of the service plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision
Visitation	6 hour training (1 and ½ days) includes tour of the Providence Children's Museum – develops understanding of the expectation of visitation practice from theoretical and practical perspectives. Links visitation practice with DCYF policy, ASFA, family-centered practice, assessment and permanency planning as a means of promoting a best practice approach to visitation. Develops an understanding of importance of team approach consisting of biological family, placement resource, service providers, child and worker; and increases understanding of how emotional aspects of the children and families' lives can impact on and are integral to visitation preparation and process.	Referral to services; Development of the service plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision
Adolescent	3 separate programs (12 hours total) to teach participants a developmentally based model for independent living - focuses on	Development of the service plan; Placement of the child;

Course	*Syllabus*	*IV-E Functions Addressed*
Training	early, middle and late adolescent stages; teaches assessment tools to measure adolescents' level of skill and competency, and to use a team approach to providing independent living services. Increases understanding of principles of mutual involvement; social worker and adolescent communication.	Preparation for and participation in judicial determination; Case management and supervision; Referral to services.
Adoption	7 hour training designed to provide social caseworkers with the knowledge and tools necessary in preparing children for adoption. Course increases knowledge and awareness of DCYF and contracted agencies; family systems in adoption work; separation and loss issues; recognizing attachment disorders; identifying appropriate home studies; knowledge of the importance of post-placement support and treatment services and strategies to ensure that services are provided to children and their adoptive families.	Development of the service plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision; Referral to services; and Case review.

The Department has implemented new core pre-service and in-service modules for the classification of Child Support Technician (CST), and additional core training modules for Social Caseworker II classifications. In the listing of courses that follow, each module includes classes that may address direct IV-E functions, general administration activities; or both. The pre-service CST modules are listed below:

Child Support Technician – Pre-Service Modules		
Course	*Syllabus*	*IV-E Functions Addressed*
Module I: Fundamental Issues of Public Child Welfare	11 hour course instruction covering the following areas: ° Overview of Child Welfare Institute ° DCYF Mission/Vision and Chain of Command ° Ethics and Professional Behavior in Child Welfare ° Child Welfare Reporting Laws ° Overview of pre-field experience and building competency ° HIPAA Confidentiality ° Car Seat Safety	General Administration.
Module II: Working Effectively with Families	15 hour course instruction covering the following: ° Permanency Planning and Family-Centered Practice ° How to assess for strengths ° Foundational visitation ° Overview: Wrap Around Services ° Broken Child Video ° Using child welfare to promote fatherhood	Placement of the child; Referral to services; Case management and supervision. General administration.

Child Support Technician – Pre-Service Modules		
Course	***Syllabus***	***IV-E Functions Addressed***
Module III: Child Welfare in a Multicultural Environment	15 hour course instruction covering the following areas: ° Overview of Child Welfare in a multicultural environment ° The Refuge Experience ° Lesbian, gay, bisexual, transgender, queer and questioning overview ° Impact of abuse and neglect on child development ° Adolescent development ° Special populations	Placement of the child; service plan development; case management and supervision; referral for services.
Module V: Identifying Issues in Child Maltreatment	9 hour course instruction covering the following areas: ° Visual diagnosis: introduction to child maltreatment ° Risk, Safety and Protective Capacity – assessing physical, sexual, and emotional abuse and neglect ° First responders – Hasbro Hospital's Safe Clinic ° Impact of sexual abuse on family dynamics	Placement of the child; service plan development; case management and supervision; referral to services.
Module VI: Substance Abuse	3 hour course instruction that covers issues relating to substance abuse; i.e., ° Defining addiction ° Learning disease model addiction ° Learning indictors of substance abuse from a child welfare perspective ° Know effects on children/families	Case management and supervision; referral to services
Module VII: Domestic Violence	3 hour course instruction covering the following issues: ° Domestic violence: Risk and protective capacity ° Learn the dynamics and impact of family violence ° Learn the impact on children ° How to respond to children	Case management and supervision; referral to services
Module VIII: Mental Health and Mental Illness	Course instruction covering the following areas: ° Mental illness – working with parents	Case management and supervision; referral to services
Module IX: Interviewing	3 hour course instruction covering the following areas:	Placement of the child; case management and

Child Support Technician – Pre-Service Modules		
Course	***Syllabus***	***IV-E Functions Addressed***
	° Interviewing I ° Overview of interviewing children ° Advanced interviewing – the interview process	supervision; referral to services
Module XI: Family-Centered Risk and Protective Capacity Assessment and Service Plan	9 hour course instruction covering the following areas: ° Family-Centered Risk and Protective Capacity Assessment Form ° Writing an effective service plan – definitions, purpose and legal mandates ° Identifying priorities and goal setting	Service plan development; case management and supervision. General administration.
Module XIII: Legal Issues and Court	Course instruction covering the following areas: ° Overview of Family Court/site visit ° Legal I: Petitions and hearings ° Legal-Practice Issue: Chicken soup for the DCYF soul ° Writing skills for legal reports (in conjunction with CAN) ° Collaboration with legal partners – CASA, RI Legal Services, Public Defenders Office, DCYF legal, Child Advocate ° Overview of CASA	Preparation for and participation in judicial determinations. General administration.
Module XIV: Placement	3 hour course instruction covering the following: ° Working with foster parents ° Referral process and legal mandates assessing for appropriate placement ° Overview of separation and loss	Placement of the child; referral for services
Module XV: Documentation of Case Work	3 hour course instruction covering: ° Writing case activity notes (in combination with Court letters) ° Groupwise Email ° MS Word ° RICHIST Desktop, Help and Search ° RICHIST Case Activity Notes ° RICHIST Case Maintenance ° RICHIST Education ° RICHIST Medical ° RICHIST 005 Voucher ° RICHIST Legal Documentation ° RICHIST Placements ° RICHIST Family Centered Risk and Protective Capacity Assessment and Service Plans	General Administration

Child Support Technician – Pre-Service Modules		
Course	***Syllabus***	***IV-E Functions Addressed***
Module XVI: Support Services	Course instruction covering the following areas: ° Administrative Review Process ° Adoption and Foster Care ° Business Office ° DCYF Policy ° Health and Medical ° EEO ° Mileage Policy ° RMTS ° Emergency Assistance ° Educational Services ° Child Support Tech	Case reviews; case management and supervision. General Administration
Module XVII: Personal and Professional Development	3 hour course instruction covering: ° Professional behavior ▪ Learn how we impact on our families ▪ Learn how this impacts on outcomes ▪ Learn how respect is portrayed ▪ Learn importance of "Professionalism"	General Administration.

IN-SERVICE TRAINING MODULES

In-service training courses, in accordance with RIGL 42-72-5(b)(10), are necessary for social workers to provide for the proper administration of the Title IV-E Plan for families and children in care. The Department provides a 50 hour in-service training module to enhance competency skills for supervisory staff across DCYF. The program was developed as part of the Department's previous Program Improvement Plan and was implemented beginning in March 2006. Costs related to in-service training modules are treated as an indirect cost in the cost allocation plan, and are linked to the following courses:

Course	***Syllabus***	***IV-E Function Addressed***
Comprehensive Family Assessment Tool	6 hour training to enhance skills in conducting a comprehensive family assessment encompassing safety, risk, permanency, and well-being throughout the life of a case. Training focuses on identifying family strengths and protective capacity, ways to engage family and build a collaborative relationship, developing sensitive and objective interviewing skills, and documenting information in the RICHIST (SACWIS) system.	Placement of the child; Service plan development; referral for services; Case management and supervision; Case reviews; Data collection and reporting; Preparation for and participation in judicial determinations.

Course	*Syllabus*	*IV-E Function Addressed*
Service plan Development	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of a service plan; Case management and supervision; case reviews.
Supervisory Competency Skills	50 hour training over 9 weeks. The curriculum is designed to enhance supervisor competency in people management skills (relationships); leadership development; supervision and supervisory roles; planning and organizing; legal liabilities; RICHIST tools; Dashboard reports; researching other data systems; e.g., Court data systems; HIPAA and Confidentiality. Each class is 6 hours long, representing the following topics: Week 1 – Supervision at DCYF Week 2 – Supervisory Roles Week 3 – Supervisors as Agents of Change Week 4 – Planning and Organizing Week 5 – Personal and Staff Development Week 6 – Building Positive Relationships Week 7 – Worker Development and Leadership Styles Week 8 – CQI, Performance Feedback and Coaching Week 9 – Cultural Competency for Supervisors	General Administration.
Violence in the Home	3 day training provides a comprehensive overview and understanding of issues in family violence along with practical applications for child welfare practice.	Development of a service plan; Referral for services; Placement of the child; Case management and supervision.
Child Development from Infancy to Adolescence	3 day training designed to provide an overview and understanding of useful developmental principles and normative dimensions of child and adolescent development as a guide to assessment and service planning in cases of abuse and neglect.	Development of a service plan; Referral for services; Case management and supervision.
Family Visitation in Child Welfare – The Heart of Permanency Planning	3 day training to develop understanding of visitation practice relating to agency policy and permanency planning outcomes; the value of family visitation as a means of better assessing needs of the family, and conducting visitation form a best practice model – Families Together Therapeutic Visitation.	Service plan development; Referral for services; Case management and supervision; Case reviews.
The Criminal Justice System, Child Welfare and the Visitation Process	3 day training to develop tools necessary to provide appropriate referral for services to children whose parents are in a prison facility; emphasizing the importance and need for continuing relationships children have with their incarcerated parents.	Case management, Referral for services, and Supervision.

Course	*Syllabus*	*IV-E Function Addressed*
Where's Daddy? How to Engage Hard-to-Reach Dads?	3 day training designed to develop an understanding of the important role of fathers for child well-being and development, and how to engage fathers to be more involved in the case. Provides information, referral and resource identification for service planning and engaging fathers.	Development of the service plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.
Cross Systems Collaboration	Half day inter and intra-departmental training - developing an understanding for the DCYF system, roles and responsibilities; identifying the role and contributions of community providers as they relate to DCYF functions promoting safety, permanency and well-being outcomes.	Referral for services; Case management and supervision.
Working with Pregnant and Parenting Teens	3 day training designed to develop an understanding of the dynamics of adolescent pregnancy and parenting as it relates to service planning. Information addresses agency policy, ways to engage teen dads, assessment of the teen parent; and engaging teen parents in service planning as it relates to effective parenting practices.	Development of the service plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.
Nature of Substance Abuse	3 day training designed to enhance knowledge and skills relating to parental substance abuse as it relates to appropriate referral for services and development of the service plan.	Development of the service plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.

A new series of Core II training modules for the Social Caseworker II classification was implemented at the Child Welfare Institute this past year as an enhancement to the in-service curriculum. There are 15 new modules which, combined, provide a total of 450 hours of instruction. The new modules are listed as follows:

Social Caseworker II – Core II *In-Service Training*		
Course	***Syllabus***	***IV-E Functions Addressed***
Module I: Child Welfare and Cross-System Collaboration	27 hour course instruction covering the following areas: ° Navigating and Collaborating within the DCYF system ° Ethical issues in child welfare: risk management implications ° Collaborating with external stakeholders ° Working with foster families ° Parenting skills and what to expect from service providers (Not IV-E claimable)	Placement of the child; referral to services; case management and supervision. General administration.

Social Caseworker II – Core II *In-Service Training*		
Course	***Syllabus***	***IV-E Functions Addressed***
Module II: Child Welfare in a Multicultural Environment	36 hour course instruction covering the following areas: ° Cultural skills, diversity, and competency I ° Sexual orientation and gender identity; working with LGBTQQ	Development of a service plan; placement of the child; case management and supervision.
Module III: Human Development	42 hour course instruction covering the following areas: ° Child development from infancy to adolescence ° Adolescent Development: Resiliency in the Face of Adversity ° Working with pregnant and parenting teens ° Working with special populations: a child welfare perspective	Placement of the child; referral for services.
Module IV: Child Maltreatment	18 hours of course instruction covering the following areas: ° Sexual abuse: Victims and offenders on your caseload – an introduction to their characteristics and needs	Development of service plan; case management; referral for services.
Module V: Family-Centered Practice	27 hours of course instruction covering the following areas: ° Engaging fathers (Where's Daddy) ° Kinship Care ° Becoming father friendly: strategies for relationship building and accessing services	Development of service plan; case management; placement of the child.
Module VI: Family Risk and Protective Capacity	6 hours of course instruction covering the following areas: ° Practicum for reviewing, critiquing, and enhancing casework	Development of service plan; case management; referral for services.
Module VII: Case Management	57 hours of course instruction covering the following areas: ° Meetings in Child Welfare – tool for family-centered practice ° Understanding and accessing government agencies (DHS, Affordable Housing, SSI, SSA and Medicaid) ° Gangs and their influence on our clients ° Visitation: The heart of permanency planning ° Criminal Justice System, Child Welfare and Prison Visitation Process ° Parents living in residential settings	General administration; placement of the child; case management and supervision.

Social Caseworker II – Core II *In-Service Training*		
Course	***Syllabus***	***IV-E Functions Addressed***
Module VIII: Legal Issues	12 hours of course instruction on the following areas: ° Legal liabilities, testifying, giving proof, and preparing for TPR and trials	Preparation for and participation in judicial proceedings.
Module IX: Placement Issues	6 hours of course instruction on the following areas: ° Separation and loss	Placement of the child; referral to services; case management and supervision.
Module X: Planning and Permanency	30 hours of course instruction on the following areas: ° Adoption: Clinical issues and technical process ° Using cross-system collaboration to create connections for youth – Eco maps and relationship mapping ° Alternative permanency planning	Placement of the child; case management and supervision; referral to services.
Module XI: Addictions	54 hours of course instruction on the following areas: ° Substance abuse and the family ° The nature of substance abuse Focus on treatment and case management	Development of the service; case management; referral for services. General administration.
Module XII: Domestic Violence	18 hours of course instruction on the following areas: ° Children and domestic violence	Referral to services; case management and supervision; placement of the child.
Module XIII: Mental Health	18 hours of course instruction covering the following areas: ° Working with mentally ill families and caregivers: helping the disenfranchised	Case management and supervision.
Module X: Professional Development	Course instruction on the following: ° Exploring trends in child welfare (topics change depending on new and current trends in child welfare)	N/A

The new core in-service training for Child Support Technicians contains 12 modules representing about 100 hours of instructions. The modules are listed below:

New In-Service Core Curricula for Child Support Technicians		
Course	***Syllabus***	***IV-E Function Addressed***
Module I: Fundamental issues in public child welfare	24 hours of course instruction covering the following areas: ° Overview of DCYF: Mission/Vision and chain of command	General administration

New In-Service Core Curricula for Child Support Technicians		
Course	***Syllabus***	***IV-E Function Addressed***
	° Ethics and professional behavior in child welfare ° Confidentiality and HIPAA ° Child Welfare reporting laws ° Car seat safety ° Worker safety	
Module II: Working effectively with families	15 hours of course instruction covering the following areas: ° Permanency planning and family-centered practice ° How to assess for strengths ° Foundational visitation ° Using child welfare to promote fatherhood	Development of a service plan; case management and supervision.
Module III: Child Welfare in a multicultural environment	15 hours of course instruction covering the following areas: ° Overview of child welfare in a multicultural environment ° Lesbian, gay, bisexual, transgender, queer and questioning overview ° Effects of abuse and neglect on child development	Development of a service plan; referral to services; case management and supervision; placement of the child.
Module V: Identifying issues in child welfare	9 hours of course instruction covering the following areas: ° Risk and protective capacity – assessing physical, sexual, and emotional abuse and neglect ° Overview of sexual abuse ° Overview of substance abuse	Development of a service plan; referral to services; case management and supervision.
Module VII: Domestic Violence	3 hour course instruction covering the following area: ° Domestic violence: risk and protective capacity ▪ Learn dynamics and impact of family violence ▪ Learn the impact on children ▪ Learn how to respond to children	Development of a service plan; referral to services; case management and supervision.
Module IX: Interviewing	3 hour course instruction covering the following areas: ° Interviewing I: Families and children ▪ Learn types of interview ▪ Learn purpose of interview ▪ Learn basic interview techniques ▪ Learn how to ask questions and respond ▪ Learn how to track when in a home ▪ Learn how child development impacts on interview ▪ Learn how to make child feel comfortable ▪ How to enhance gathering of information	Development of a service plan; case management and supervision.

New In-Service Core Curricula for Child Support Technicians		
Course	***Syllabus***	***IV-E Function Addressed***
Module X: Crisis Intervention	3 hour course instruction covering the following areas: ° Working with people in crisis	Referral to services; case management and supervision.
Module XI: Family-centered Risk and Protective Capacity Assessment and Service Plan	9 hour of course instruction covering the following areas: ° Assessment and observation ° Writing an effective service plan; definitions; purpose; and legal mandates ° Identifying priorities and goal-setting	Development of a service plan; case management and supervision; general administration
Module XIV: Placement	3 hour course instruction covering the following areas: ° Working with foster parents	Placement of the child; case management and supervision
Module XV: Documentation of case work	6 hour course instruction covering the following areas: ° Writing case activity notes ° RICHIST instruction ° Care and maintenance of state cars ° Site visits to Family Court and Children's Museum ° Overview of DCYF Policy	General administration
Module XVII: Personal and Professional Development	9 hour course instruction covering the following areas: ° Building positive relationships – the whole worker/whole leader ▪ Personality awareness ▪ Leadership and learning styles ° Employee Assistance Program (EAP) ° Professional behavior	General administration

PRE-SERVICE FOSTER CARE/ADOPTION TRAINING MODULES

The Department of Children, Youth and Families (DCYF) requires all applicants for foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training. The curriculum, offered 12 to 16 times annually, is a ten (10) week course developed by the Adoption Resources, Preparation and Support Unit within DCYF. Each module is 3 hours for a total of 30 hours of pre-service training, taught by trained specialists in preparing foster and adoptive families. In the coming year, the Department is also planning to provide these trainings to promote and support guardianship homes.

Course	*Syllabus*	*IV-E Functions Addressed*
An Introduction to the Continuum of Care	Introductory session on training series and expectations. Designed to help participants interested in becoming resource families better understand the needs of children who have been in the substitute child care system, and determine where along the continuum of care they might best serve Rhode Island children displaced from their families to whom they hope to return.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Family Systems, Race, Culture and Diversity	This course explores the concept of family and what it means to be a family member, looking at the forces within a family that enable it to function and to provide its members its unique sense of identity. The course also explores concepts of race and culture in society, looking at difficulties faced by children growing up outside of their family and culture of origin. Develop understanding of challenges faced by resource families in raising these children to be emotionally healthy and in touch with their racial, cultural and personal identity.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Abuse/Neglect & Issues of Discipline by Care Givers	Video presentation including interviews with children who have experienced abuse. Understanding the challenges of parenting these children, discussing disciplinary strategies that will not re-traumatize the children, but help them learn healthier, more acceptable ways of relating to the world and people around them.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Sexual Abuse and Its Impact	A continuation of the prior weeks' discussions with focus on the intense emotional trauma of sexual abuse and the parenting challenges inherent in caring for a child who has experienced sexual trauma.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Child Protective Investigations and the Placement of Children	Understanding the mandatory reporting laws for abuse and neglect, and the investigation process generated by such reports. To prepare resource families for their role as more visible members of a larger community that may not be understanding of or sensitive to issues and challenges faced by resource families. Course helps resource families to understand the process of placing children in their homes, the paperwork and the dynamics involved once placement has occurred.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Separation and Loss, It's Impact and Children's Need to Hold onto Memories	Developing an understanding of placement through a child's eyes; the trauma associated with loss and separation. This session helps participants understand the grieving process and the intense feelings and difficult behaviors that are a natural part of grief.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Course	*Syllabus*	*IV-E Functions Addressed*
The Impact of Trauma on Child Development and on the Child's Capacity to Form Trusting Attachments	Developing an understanding of the different stages of child development and the effects that a child's traumatic experiences will have on their overall development. This session also helps participants to understand the impact of abuse, sexual abuse, neglect, and separation in relation to the child's capacity to trust and attach to adults. This takes into consideration issues of discipline, focusing less on controlling behavior and more on trust and relationship building.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Panel Discussion	This session offers participants an opportunity to hear from people who have chosen to serve as resource families. The panel discussion includes parents who are representative of each point along the continuum of care: Kinship, Concurrent Planning, Fostering, Legal Risk and Adoptive. The panel members share both the rewards and challenges of their experiences and are open to answering questions from participants in this assessment and training series.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Resource Information and Saying "Goodbye"	This session offers participants an opportunity to learn of the resources and supports available to help them in their role as Resource Families. A manual of information and phone numbers of various agencies is distributed. Representatives from various agencies are also present to offer insight into the services they offer and to answer questions.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

An outline of how the Title IV-E Training programs are applied regarding their location and duration of training activity, as well as the cost allocation methodology for IV-E claiming are referenced as follows:

ADOPTION TRAINING –

Adoption Training is provided to prospective adoptive parents; performed by state staff at state facilities. The training is short-term.

PRE-SERVICE TRAINING –

Pre-Service Training is provided to newly hired social workers, child support technicians, and child protective workers. (Costs for child protective workers who participate in the pre-service training are not claimed to Title IV-E.) The training modules are performed by DCYF staff and Rhode Island College staff at the RIC Child Welfare Institute. The training is long-term for trainees. Trainers split their time between Pre-Service and In-Service trainings.

IN-SERVICE TRAINING –

In-Service Training is provided to all DCYF staff, excluding those at the Training School. DCYF and Rhode Island College staffs perform the trainings primarily at the RIC Child Welfare Institute. The training is short term.

ESTIMATED TOTAL COST/COST ALLOCATION METHODOLOGY

As referenced earlier in accordance with the State's approved cost allocation plan, there are three training cost pools for Title IV-E claiming categories:

Adoption Services,
Pre-Service, and
In-Service.

The cost allocation methodology for these pools is as follows:

- **Adoption Services Training**
  - Costs in this pool are related to salary and operating costs for staff who provide adoption training services.

  - The Title IV-E adoption penetration rate is applied to this cost pool. The statistic – NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E ADOPT. ASST. and ALL OTHER SUBSIDIZED ADOPTION (CWS, TRAINING) – sends the allowable portion to Final Receiver 201.7 – IV-E Adoption Asst/S&L Training, to which the FFP rate of 75% is applied on the Title IV-E 1 claim.

- **Pre-Service - Staff Development and Training – Administration**
  - This cost pool is developed as follows:

    There are trainer salary costs identified and directly coded to Pre-Service, as well as costs from Rhode Island College, including overhead, for their training staff. Staff participating in the pre-service training (trainees) are moved from the social worker cost pool to pre-service. If they only spent a portion of the quarter in training, only a portion of the cost would have been included. These two costs – the cost of the workers enrolled in training plus any operating costs – are added together to form the cost pool.

This cost pool is allocated via an allocation statistic based on the Rhode Island College Pre-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College training contracts, this cost is allocated, based on the same curriculum statistic: however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.4 in the Cost Allocation Plan.

This statistic for 15.2 sends costs to the intermediate accounts 110.1, 110.2, 110.3, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED Eligible FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING - BLENDED). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin).

110.4 – All Other – TRG Institute – is allocated direct to "All Other" and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.4 sends costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.)

110.4 – All Other – TRG Institute – is allocated direct to "All Other" and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. The IV-E allowable amount is then sent to Final Receiver 201.1 and this amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX

allowable amount is then sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

- **In-Service - Employee Training**
  - This cost pool is created by first taking the University of Rhode Island contract amount and dividing it, based on the overhead rate, into two cost pools, 15.3 and 15.5. Also, workers receive random moments through the RMTS when they are participating in or leading in-service trainings. Activities coded to the corresponding activity in the RMTS are allocated based on the same statistic described below for 15.5 (not allocating costs to Title IV-E 75%).

This cost pool is allocated via an allocation statistic based on the Rhode Island College/URI In-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College/URI training contracts, this cost is allocated, based on the same curriculum statistic; however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.5.

This statistic for 15.3 sends costs to the intermediate accounts 110.1, 110.2, 110.3, 110.4, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITEL XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allowable direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to "All Other" and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.5 send costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to "All Other" and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. Title IV-E allowable amount is then sent to Final Receiver 201.1 and 201.6. This amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX allowable amount is then sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

COST VIA THE RMTS

The Random Moment Time Study (RMTS) has two activities, one called "In-Service Training" and the other called "Pre-Service Training." When a worker codes a portion of their time to the in-service activity, it is allocated based on the In-Service curriculum entirely at 50% for Title IV-E allowable courses. When a worker codes a portion of their time to the pre-service activity it is allocated Direct to All Other since DCYF utilizes a methodology to recode their salaries, based on the number of days spent in pre-service trainings, to another cost pool.

RHODE ISLAND COLLEGE INDIRECT COSTS

The State intends to claim RIC and URI indirect costs (incurred by the college and university) as set forth in the State's approved Cost Allocation Plan. These indirects, based on the indirect cost rate of the university and college respectively, are claimed, where allowable, to federal funding sources at FFP 50% and never at the enhanced FFP 75% rate.

Juvenile Probation and Parole Training –

The Department has also implemented a core training curriculum for Juvenile Probation and Parole staff as part of the Program Improvement Plan. The table below identifies functions relative to the administration of the IV-E program that are addressed through this training, as well as functions claimable at the administrative rate of 50%.

Juvenile Probation and Parole Core Training Curriculum		
Course Topic	***Syllabus***	***IV-E Function Addressed***
Legal and Court Information	History of Juvenile Justice System - 3 hour training looks at the evolution of the Juvenile Justice System, its purpose today and the cross-system collaboration within the state system and with community partners.	General administration.
	RI Juvenile Law – 3 hour training reviewing the law and using scenario-based exercises.	Preparation for and participation in judicial determination.
	Court Process – 3 hour training looks at the policy and protocol of the RI Family Court system as it relates to Juvenile Probation and Parole.	Preparation for and participation in judicial determination.
Interviewing	Forensic Interviewing – 2 day training focuses on specialized techniques and issues involved in conducting a comprehensive assessment. Properly conducted forensic interviews ensure objectivity on the part of the interviewer; employ non-leading techniques; and emphasize careful documentation of the interview. This training incorporates theory, examples, and video taping of actual participants for teaching purposes.	Development of the service plan; preparation for and participation in judicial proceedings.

Juvenile Probation and Parole Core Training Curriculum		
Course Topic	***Syllabus***	***IV-E Function Addressed***
	Home Visits/Settings – 3 hour training addresses visiting with client and families in their homes; agency policy; engagement of families; and assessment.	Case management and supervision; development of the service plan.
	Worker Safety – 6 hour class is an introduction to crisis prevention that emphasizes early intervention and nonphysical methods for preventing or managing disruptive behavior. Personal safety techniques are included. The philosophy of this program focuses on best care, safety, and security for staff. This is a hands-on interactive training.	General administration.
Case Management	Permanency Planning – 3 hour training focuses on DCYF's mission and vision; ASFA; ICWA; and the commitment to permanency for children.	Case management and supervision; Case reviews; development of the service plan.
	Family-Centered Practice and strength-based practice – 3 hour training that extends the focus of permanency planning addressing best practice; and strength-based approaches to working with youth and families. This approach is an organizing principle for a number of theories and practice strategies that encourages helping professionals to seek out the client's abilities, resources and gifts, and apply them to current life challenges.	Development of the service plan; case management and supervision; case reviews; referral to services.
	Ethics and Values – 3 hour training addresses the agency's Code of Conduct, the National Association of Social Work (NASW) Code of Ethics, and state policies.	General administration.
	HIPAA/Confidentiality – 3 hour training will address federal and state policies and guidelines as to obtaining and releasing information.	General administration.
	Domestic Violence – 6 hour training provides information on the dynamics and cycles of abuse, treatment approaches, and resources for offenders as well as current trends and theory.	Case management and supervision; Referral to services.
	Report Writing/Pre-Sentence/Waivers – 3 hour training will address the writing of progress summaries, pre-sentence reports, and waiver reports. This training provides instruction in legal issues related to the pre-sentence report and waiver report. It will outline the	N/A

Juvenile Probation and Parole Core Training Curriculum		
Course Topic	***Syllabus***	***IV-E Function Addressed***
	process needed to waive jurisdiction of a youth.	
	Cultural Issues and Race Issues within Corrections – 6 hour training addresses ethnic, gender and cultural sensitivity and competency for working with youth and families	Case management and supervision.
	Adolescent Behavior – 6 hour training addresses normative adolescent behavior, clinical theories and specific interventions when working with youth, and enhances the understanding of the youth. It will also provide resources as to treatment, permanency, and independent living skills.	Case management and supervision; Referral to services.
	Violation of Probation (VOP)/Revocations – 3 hour training focuses on process, policy, and protocol to Violations of Probation.	N/A
	Mandated Reporting – 3 hour training focuses on the Rhode Island mandated reporting law, the 24 hour hotline, DCYF policy, and when to call.	N/A
	Victim of Services (Day One) – 3 hour training focuses on enhancing best practice relating to the theory and philosophy of Restorative Justice. The major theme is to make the victim whole and provide the victim's perspective to juvenile probation.	N/A
	Mental Health – training focuses on: ▪ Suicide Prevention ▪ Understanding Testing Results ▪ Youth's Perspective in the Justice System	Case management and supervision; Referral to services.
	Substance Abuse/Drug Testing: The Nature of Addictions – 6 hour training addresses the bio-psycho-social effects of substance abuse and impact on youth. This training provides information on the different levels and types of drug/alcohol treatment, resources, and gender differences in treatment.	Development of the service plan; case management and supervision; Referral to services.
	Restorative Justice – 3 hour training focuses on the "Standard of Practice" in Restorative Justice including the protocols for the completion of restitution, community	N/A

Juvenile Probation and Parole Core Training Curriculum		
Course Topic	***Syllabus***	***IV-E Function Addressed***
	service and letters of apology.	
	Family-Centered Risk and Protective Capacity Family Assessment and Service Planning – 6 hour training addresses the process of a comprehensive assessment to measure safety, permanency, and well-being for families as well as the impact of the protective capacity of the family and lead to a family driven service plan.	Development of the service plan; Referral to services; case management and supervision.
	Interstate Compact for Juveniles (ICJ) and Interstate Compact on the Placement of Children (ICPC) – 3 hour informational training will address the policy and procedure as to the ICJ in combination with the policy and procedure regarding the ICPC.	N/A
Professional and Personal Development	Employee Assistance Program (EAP)/Dealing with Stress – 3 hour training focusing on self care and becoming aware of stress from the job. This training provides easy techniques to use in the workplace as well as resources.	General administration.
	Workplace Information (Sexual Harassment)	General administration.
Documentation of Casework	This computer training module contains 16 target areas providing ongoing training to assist Juvenile Probation and Parole workers to document their work using the DCYF computer system "RICHIST". The objectives of this training are to demonstrate proficiency in operating effectively in a Windows environment, managing case data, communicating electronically, producing documentation, recording case information, and accessing online resources.	
	1. DCYF Operating System and Software – 3 hours	General admin.
	2. Groupwise I: An Introduction to Email – 3 hours	General admin.
	3. MS Word I: Word Processing at DCYF – 3 hours	General admin.
	4. RICHIST Desktop, Online Help and Approvals – 3 hours	General admin.
	5. RICHIST Searching – 3 hours	General admin.
	6. RICHIST Case Activity Notes – 3 hours	General admin.
	7. Risk Assessment/Reassessment and Child Safety Assessment – 1 hour	General admin.
	8. RICHIST Case Maintenance – 3 hours	General admin.

Juvenile Probation and Parole Core Training Curriculum		
Course Topic	***Syllabus***	***IV-E Function Addressed***
	9. RICHIST Education Record	General admin.
	10. RICHIST Medical Record	General admin.
	11. RICHIST 005 Voucher Requests	General admin.
	12. RICHIST Legal Documentation – 3 hours	General admin.
	13. RICHIST Placements – 9 hours total offered in 3 hour blocks	General admin.
	14. File Management – 3 hours	General admin.
	15. RICHIST Case Closure – 3 hours	General admin.

Child Protective Services Training –

The Department's training for Child Protective Services also contains some of the core training courses, as well as topical issues such as a training on the Indian Child Welfare Act (ICWA) that is being developed with the Narragansett Tribal representative for child protection and child welfare. The ICWA training will be held for CPS staff during FY 09. None of these classes are claimed to IV-E.

Child Protective Services (CPS) Training Modules		
Course	***Syllabus***	*Type of Training*
CPS Overview and Best Practice – Part I and II	2 day training – designed to orient new child protective investigators, and DCYF workers with prior experience as Family Service Workers, with roles and responsibilities of the position; and expectations. The training will provide instruction on the following: ▪ criteria for an investigation; ▪ legal definitions and mandates; ▪ policies; ▪ formulation of investigatory findings; ▪ procedures for special populations; ▪ access to interpreters; ▪ application of Family-Centered Practice; ▪ information necessary to determine safety and risk ▪ formulation and substantiation of investigative conclusions and safety plans; ▪ emergency authorization for overnight placements; and	Core training for new Child Protective Investigators (CPI)

Child Protective Services (CPS) Training Modules		
Course	***Syllabus***	*Type of Training*
	▪ awareness of and referral procedures for community resources.	
Call Floor Training	1 day training designed to develop knowledge and understanding of CPS investigators on how to screen and evaluate reports made to the Child Abuse/Neglect Hotline. This includes call floor protocol, learning telephone etiquette and investigative techniques, prioritizing information, understanding the four criteria for abuse/neglect reports, investigative decision-making, writing a CPS report narrative, the protocol for routing child welfare information and making child welfare referrals. Afternoon session includes training on entering information into the RICHIST system.	Core training provided to new CPIs
Worker Safety	6 hour training – to instruct staff on preventive techniques including verbal messages to de-escalate acting out behavior; understanding of the team approach and therapeutic physical intervention, applying personal safety techniques to avoid injury; and post-vention activities focusing on building therapeutic techniques to be implemented after acting out behavior has occurred.	Core training for all CPIs
Legal Concepts	3 hour training designed to increase knowledge and competency in the area of legal information for CPS investigators through lecture and the review of pertinent child protection laws. The course provides training on: ▪ Preponderance of evidence ▪ Evidence rules for CPIs ▪ Types of evidence/gathering evidence ▪ Hearsay (RIGL 14-1-68 and 69) ▪ Laws relating to investigations/holds/examinations (RIGL 40-11-1, etc) ▪ Licensing (RIGL 42-72.1-4) ▪ Confidentiality (RIGL 42-72-8) ▪ Documentation ▪ Testifying o Expert testimony ▪ Relative placement (RIGL 14-1-27; 42-72.1-4) ▪ Administrative hearing process (RIGL 42-35-1, etc) ▪ Verbal and written ex parte orders (RIGL 40-11-7 etc)	Core training for CPIs
Child Exploitation and Internet: A Law Enforcement Perspective	2 day training provided by the Naval Criminal Investigative Service (NCIS), designed to increase the knowledge of Child Protective Investigators regarding the increasing use of the internet as a medium for child pornography and the	Topical training for CPIs

Child Protective Services (CPS) Training Modules		
Course	***Syllabus***	*Type of Training*
	exploitation of children. Law enforcement's proactive investigations often involve undercover communication with individuals who display a sexual interest in children, often document exchanges of illegal child pornography and rely heavily on face-to-face undercover meetings. The training seminar will delineate what conduct is and is not prohibited by Federal and various state laws. Discussion of proactive law enforcement methods is presented, and explanation of the Internet and it's communication media components, such as Internet Relay Chat, Chat Rooms, Newsgroups, File Servers, and the World Wide Web.	
Indian Child Welfare Act (ICWA)	2 hour training provided by the Child Welfare Services representative for the Narragansett Indian Tribe designed to increase knowledge and understanding between the Tribe and CPS investigators/intake staff regarding the role and responsibilities of the two systems and to enhance the working relationship/coordination between the Tribal Police, Narragansett Indian Social Services and CPS.	Topical training for CPIs – in development with Narragansett Tribe.
Risk and Safety/Protective Capacity Training	1 day training initially. It has been reduced to ½ day to train new CPIs and new CPS intake on the use of the safety assessment tools. All existing CPIs have been trained as have the CPS intake workers.	Core training for DCYF staff; i.e., CPIs, CPS Intake staff, FSU social caseworkers, and Juvenile Probation staff.
Institutional investigations	½ day training designed to increase knowledge and skills of child protective investigators responding to allegations of abuse and/or neglect in institutional settings; e.g., foster care, group homes, residential treatment settings, etc.	Core training for CPIs
Report writing using the Investigative Findings Template	1 day training designed to develop report writing skills of child protective investigators to present a summary of investigative facts in a cohesive manner and to provide instruction in the use of new reporting format.	Core training for new CPIs. Existing CPIs have been trained.
Sexual abuse - I Sexual Abuse - II	½ day training designed to enhance skills and knowledge of child protective investigators in the conducting forensic interviews of child victims and child perpetrators. ½ day training designed as an advanced course in the area of forensic interviewing. Emphasis is on interviewing	Topical training for all CPIs

Child Protective Services (CPS) Training Modules		
Course	***Syllabus***	*Type of Training*
	techniques in assessing offender vs abuse reactive characteristics in relation to victims and child perpetrators.	
Forensic Interviewing and Interrogation I - II	2 day training designed to enhance knowledge and skills of child protective investigators, Intake staff, and CPS administrators regarding interview and interrogation techniques for suspected adult perpetrators in child abuse/neglect investigations. Trainer is certified by the FBI Academy.	Training for CPS staff – All staff currently trained. New training provided as needed.

Training Institute on Youth Who Sexually Abuse –

The Department has also developed and implemented five training courses specifically on the issue of juveniles who sexually offend. The training outlined in the following table is designed to increase knowledge and skills for DCYF staff and contracted residential and community-based provider staff who work with adolescents who have been adjudicated and those who have not been adjudicated of sex offenses. The training was developed through a collaboration between DCYF and providers with expertise in working with juvenile sex offenders focusing on risk management, and importantly, with the representation of victims advocates to ensure a balanced training inclusive of the victims' voice. None of these classes are charged to IV-E.

Training Institute on Youth Who Sexually Abuse		
Workshop	**Syllabus**	**Target Audience**
#1 Youth Who Sexually Abuse: An Overview	3 hour training designed to ensure that all staff responsible for working with adolescents in the care and custody of DCYF who sexually offend are trained to provide a consistent level of quality in each facility and in the community.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#2 Developmental Issues of Youth Who Sexually Abuse	3 hour training designed to ensure that staff responsible for working with adolescents in the care and custody of DCYF have an	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract

Training Institute on Youth Who Sexually Abuse		
	awareness and understanding of developmental issues relating to youth who sexually offend.	monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#3 Skill Development for Staff who Work with Youth who Sexually Abuse – Part I	3 hour training designed to enhance knowledge and skills of staff working with DCYF involved youth relating to juvenile sex offender treatment and risk management.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#4 Skill Development for Staff who Work with Youth who Sexually Abuse – Part II	3 hour training designed to assist staff working with DCYF involved youth to promote skill development among juveniles who offend in order to enhance their own regulatory and risk management ability.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#5 Family Involvement/Cultural Issues	3 hour training designed to assist staff in understanding guidelines for interacting with family members in the facility and to learn ways to involve family while supporting appropriate boundaries conducive to positive treatment progress. The Cultural Issues piece encourages cultural competency in dealing with conflicts on the milieu, and implementing strategies to interrupt prejudice.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.

Work Plans
Federal Fiscal Year 2010 Application

Title IV-B, Part I			
	Prevention and Support Services	$247,400	
	Crisis Intervention/Family Support	242,429	
	Adoption Promotion/Support	405,000	
	Planning	45,000	
	Administration	15,000	
	TOTAL	**$954,829**	
Title IV-B, Part 2			
	Family Preservation Services	$196,000	(21%)
	Family Support Services	195,112	(21%)
	Time-Limited Reunification	348,000	(37%)
	Adoption Promotion/Support	195,000	(21%)
	TOTAL	**$934,112**	
Title IV-B, Part 2 – Monthly Caseworker Visits		**$ 55,468**	
CAPTA			
	Citizen Review Panel	$ 45,000	
	EI Referral Liaison	70,125	
	Fingerprinting Equipment	8,602	
	TOTAL	**$123,727**	
CFCIP			
	IL Coordinator	$ 86,601	
	Consultant/Technical Asst.	90,684	
	RICORP Lifeskills	293,075	
	Teen Grant	105,000	
	Real Connections	50,000	
	Adolescent Support Services	28,390	
	NYTD Implementation	76,000	
	TOTAL	**$729,750**	
Education and Training Vouchers			
	IL 10 RICORP	**$245,393**	